

CHEMIST & DRUGGIST

The newsweekly for pharmacy

March 1, 1986

a Benn publication

Wholesalers
admit selling
unlicensed PIs

JIC scales —
salaries up
6 per cent

Colorama go
into PIs and
generics

AAH expand
in NI with
Castlereagh buy

Dales move in
with Sangers

Marketing memo:
selling medicine
via the media

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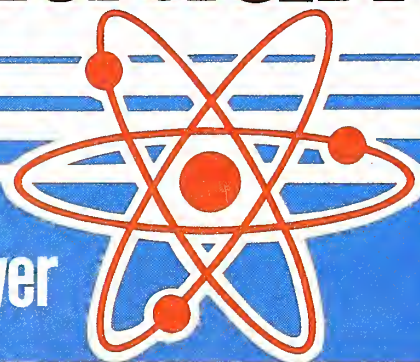
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terfenadine

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▼ **Prescribing Information.** **Triludan Tablets:** Uses: Triludan is an antihistamine which is indicated for the symptomatic relief of hay fever and allergic rhinitis. **Dosage and administration:** Adults and children over 12 years: One tablet twice daily. Children 6-12 years: Half a tablet twice daily. **Contra-indications, warnings, etc.:** Patients with known hypersensitivity to the drug. **Precautions:** Although animal teratology studies have not indicated adverse effects, Triludan, like most medications, should not be used during pregnancy nor during lactation unless, in the opinion of a physician, the potential benefits outweigh any possible risk. **Side effects:** Headaches, sweating, mild gastro-intestinal disturbances and skin rashes have been infrequently reported. In objective tests Triludan has been shown to be free from central nervous system side effects. Reports of

drowsiness are extremely rare. **Overdosage:** One patient took 25 tablets (1.5G) and gastric lavage was performed one hour later with good recovery of tablets. There was a transient fall in blood pressure. Liver function tests initially and two days later were normal. No other problems were noted and there was no effect on consciousness. **Pharmaceutical precautions:** None. **Legal category:** P. **Package quantities:** Blister strips of 10 in cartons of 10 tablets. **Further information.** In actual driving tests Triludan does not impair performance nor is there a change in mood. **Product licence number:** 4425/0024. **Name and address of Licence Holder:** Merrell Dow Pharmaceuticals Limited, Stana Place, Fairfield Avenue, Staines, Middx. TW18 4SX.

**Merrell
Medicines**
Confidence in pharmacy

Trademarks: Merrell, Dow, Triludan

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COMMENT

The parallel import saga rumbles on with *The Sunday Times* exposé last week (see p370) adding impetus to what has been, from the outset, a potentially disastrous tale for pharmacy. A tale that detracts from pharmacy's rapidly improving PR profile each time it is told in the national media.

The inquiry, or rather inquiries, announced by *The Sunday Times* have been going on for some time, or so the DHSS claims. Ever since the new medicine import Order was introduced in 1984 to clear up the confusion surrounding the exploitation of earlier legislation designed to permit the importation of small quantities of medicines by individual pharmacists for particular patients, the Government has claimed to be ready, willing and able to prosecute those operating outside the law.

To date the DHSS spokesmen have simply said, perhaps with increasing



conviction, that investigations are proceeding and that prosecutions are expected. But the burden of proof lies with the prosecutor and hard and substantial documentary evidence is hard to come by, the DHSS would claim. Nonetheless, if the public is at risk in any way, if the profusion of imported medicines in "foreign" packs causes patients concern and puzzlement, and if the taxpayer is led to believe the pharmacist is getting paid over the odds, then action must follow.

Last week the Pharmaceutical Services Negotiating Committee announced that it would co-operate with the DHSS in a discount inquiry, so the taxpayer should get some of his money back *in the future*. The importers who are operating in the grey area between UK laws and EEC Directives could be pulled up by a short test case. But first the DHSS must grasp the nettle of litigation — and quickly.

Meantime pharmacists dealing in imports would do well to use all the means at their disposal to check the *bona fides* of any import offered from any source. The guidance criteria have been spelt out often enough in the pharmaceutical Press — the simplest of starting points is an on-pack PL(PI) number.

It is hoped that further definitive guidance might come soon from the Pharmaceutical Society's Council. Pharmacy must be seen to be capable of keeping its proud house in order.



Selling unlicensed PIs: wholesaler/DHSS debate

Some parallel import wholesalers have confirmed that they deal in unlicensed medicines for which they have made PL(PI) applications to the Licensing Authority. They believe the law allows them to do so. This is in sharp contrast to the Department of Health which this week sets out its understanding of the legislation and the penalties for any breach.

A *Sunday Times* report last week: "Inquiry set on illegal medicines," named Europharm and Whitworth Pharmaceuticals as suppliers of allegedly unlicensed medicines together with a London pharmacy that admitted to dispensing unlicensed phenytoin sodium.

Mr Ken Higson, proprietor of parallel importers, Europharm told *C&D* that his company held "vast numbers of PL(PI)s". Mr Higson said he had only dealt in, or sold, medicines for which the company had applied to the DHSS for an import licence. Only two such applications had been refused — for Voltarene 25 and Sinemet 275. These products had been withdrawn from sale along with stocks held by pharmacists when the applications had been turned down, he said.

And Mr Higson points out that many other importers have dealt and still are dealing in medicines before the receipt of a PL(PI) from the Licensing Authority and that no company, so far, has been prosecuted. For instance, he claims that DHSS inspectors have visited his premises since the new import licensing rules were introduced in 1984 and they turned down his invitation to remove any illegal stock. He says he and others are simply following an directive made in 1975 that all barriers be removed between countries in the Common Market.

The same point was made by another importer who claimed British law was superseded by EEC free-trade rules. Firms had been bringing in unlicensed medicines for years with the full-knowledge of the DHSS. So far none had been prosecuted.

Mr John Whitworth, managing director of Whitworth Pharmaceuticals in Doncaster did not wish to comment on *The Sunday Times* allegations.

Importers say they are confident that EEC law permits trading in drugs for which a licence application has been made, if no rejection has been given within 28 days of the application.

However, a spokesman for the DHSS told *C&D* that the only area where the

28-day rule applies is in the rules governing exemption from the licensing requirements contained in the Medicines (Exemptions from Licences (Importation) Order 1984, SI 1984 673 (*C&D*, May 26 1984, p1019). It does not occur in any of the licensing procedures, according to a spokesman, and is the period of time a would-be importer of small quantities of medicines (eg not more than is necessary for 25 single administrations or for 25 courses of treatment not exceeding three months) must give to the Licensing Authority.

"If people are claiming they have not heard within 28 days about a licence application, then unless they are operating under the small quantity exemption they should not be trading," a spokesman said.

In addition the Department says a licence application is not considered valid, and therefore in progress, until a currently valid marketing authorisation has been received, for example, granted in accordance with Article 3 of EC Directive 65/65, by the regulatory authority in the EC member state from which it is to be imported. The spokesman says that despite complaints about delays in processing licence applications, scrutiny by the EEC Commission has vindicated DHSS procedures.

A letter sent this week by Mr G. Franks, head of the DHSS Licensing and Enforcement Branch, to PL(PI) applicants, says: "Application for a licence does *not* provide the applicant or others who may be concerned with the product with cover under the Medicines Act. When application is being made for a medicinal product under the PL(PI) scheme, marketing in the United Kingdom should *not* be undertaken in anticipation of a licence being granted. Section 45 of the Act provides for a fine of up to £2,000, on summary conviction, if the relevant provisions of the Act are infringed.

"Investigations are being and have been instituted with a view to ensuring that licences are held where appropriate," Mr Franks concludes.

PI focus turns to Westminster...

The debate over the "windfall" profits being obtained by some pharmacists through parallel importing has reached Parliament with questions to Health Minister Barney Heyhoe.

In response to questions from Laurie Pavitt (Lab, Brent South) and SDP health spokesman Charles Kenney, Mr Hayhoe said the DHSS had started discussions with the pharmacists' representatives, the Pharmaceutical Services Negotiating Committee, about a further inquiry to identify all the forms of discount available in the market.

The Socialist Health Association has urged that immediate action be taken to find the "culprits" — both importers and those dispensing the items. The Association blames, in part, the Pharmaceutical Price Regulation Scheme and urges the "high cost drugs policy which operates in the UK be brought into line with those EEC Governments have negotiated."

...and Spain and Portugal

The Department of Health has announced it is prepared to accept PL(PI) applications for products imported from Spain and Portugal, now the two countries are EEC members.

There will be the inevitable delay in processing applications while the UK Licensing Authority makes inquiries of its foreign counterparts, the DHSS says.

Additionally, for Portuguese products no batch may be released for sale until satisfactory batch control records are obtained by the UK Licensing Authority — this will be a condition of any PL(PI) granted.

This is because Portugal has yet to implement the Directives relating to proprietary medicinal products. Consequently the controls on imports from non-EEC countries will continue to apply (chapter 4 of Directive 75/319/EEC, especially articles 16(3) and 22(1)(6)).

■ Minister for Health Barney Hayhoe says that since the new contract was agreed in May 1985, 85 per cent of the 600 representations received have been favourable.

API disciplinary committee set up

The Association of Pharmaceutical Importers' disciplinary committee, the structure of which was agreed in January, is due to hold its first meeting in March. But so far it has had no complaints referred to it.

The three man committee is headed by an independent chairman, Professor Sidney Prevezer, a professor of law at the University of Essex. API chairman Brian Lewis and another API member to be nominated make up the remainder.

The procedure adopted by the committee is similar to that used by the equivalent committee of the Association of the British Pharmaceutical Association. The hearings are not in public and initially are unlikely to be reported.

The committee is to enforce the code of conduct in the API's articles of association, and can give written warnings, withdraw the right to use the API name and licences, and suspend or throw out members.

Anyone who has a complaint to make against an API member should contact either the chairman Brian Lewis on 0322 349212 or information officer Nick Kemp on 0892 890491 ext 220.

Leicester unit for distance learning 'official'

A continuing education centre has been set up formally at Leicester Polytechnic school of pharmacy.

Previously only a research unit, the centre is now being run by a full-time staff member and will be producing more regular correspondence courses for pharmacists. Books are already available on the skin, respiratory tract and cardiovascular system. Other subjects will be covered in the near future as the centre expands. The cost of most courses can be reimbursed in full through regional pharmaceutical officers. The centre warns that if pharmacists do not take advantage of the offer the funds will be withdrawn.

Each course book has a set of questions for answering and return. Satisfactory completion leads to the award of a dated credit from the academic registry of the Polytechnic. Details from *Continuing Education Centre, School of Pharmacy, Leicester Polytechnic, Leicester LE1 9BH* (telephone 0533 551551 ext 2563 or 2273).

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"I hope they get it right this time...just to keep the Minister out of court."

Step forward for herbals

An MP says he has made "a major step forward" in his campaign to protect sales of herbal medicines. Tory backbencher Peter Rost will put the case for herbal medicines at a specially arranged meeting with the chairman of the Medicines Commission and Government ministers.

The meeting was conceded after Mr Rost spoke to DHSS Under-Secretary Baroness Trumpington about the Government's review of herbal medicines. Some 75 other MPs have now joined Mr Rost in his campaign. They have signed a Commons motion complaining that "alternative medicines are being judged by inappropriate persons" since there are no herbal specialists on the Medicines Commission or the Committee on the Review of Medicines. The MPs want the

DHSS to "take steps to form a committee of advisers expert in the practice of natural and herbal medicine".

When he met Baroness Trumpington Mr Rost (who has the Weleda factory in his Erewash constituency) emphasised the problem herbal producers will face if all their products have to be "scientifically validated" before going on sale, under new DHSS rules.

"Weleda employ 80 people and have 3,000 product licences. Each product has a small market and a small turnover and a small profitability," he told C&D. "How can such firms possibly finance scientific testing of 3,000 products?"

The CRM is biased towards conventional products, says Mr Rost. He warned Baroness Trumpington of a "huge public row" if most herbal preparations have to be taken off the shelves. He says: "The Under-Secretary admitted that thousands of members of the public had written to the DHSS about the issue."

No date has yet been set for the meeting between the CRM chairman, Baroness Trumpington, and Mr Rost.

Good response to PPA link trial

Several pharmacy computer systems suppliers have expressed interest in taking part in a pilot trial linking pharmacies with the PPA.

Arthur Andersen & Co management consultants, who are running the project on behalf of the Department of Health, say the response to an article in the pharmaceutical Press about the trial (C&D, February 1, p172) had been very good. Detailed specifications have been

sent to over a dozen suppliers who have until March 14 to state how they could participate.

The pilot trial, involving about 20 pharmacies and due to start in September, will test the feasibility of keying prescription information into a pharmacy terminal linked via an intermediate centre to the PPA computer.

During November 1985, chemists and appliance suppliers in Northern Ireland dispensed 1,142,705 prescriptions (720,924 forms) at a gross cost of £5,561,942.81 and an average cost of £4.87.

Guild ballots on emergency payments

The Guild of Hospital Pharmacists is asking members to register their feelings over the Government's offer to end the out-of-hours dispute.

From reports received of individual groups' discussions and that held at the Branch Delegates Meeting on February 8 it is clear that the revised offer to end the dispute is still totally unacceptable. By holding a ballot, the staff side hope to give management a clear picture of the strength of feeling of the membership. The revised offer would have added £1,100 to

basic grade and £600 to staff pharmacist salary scales in return for a commitment to provide emergency cover.

The Guild seeks a formal rejection of the offer and, in a second question on the ballot paper, asks members to support the staff side's counter proposals. These are for a system based upon payments being made only to those doing emergency duties, with the same level of payment to any pharmacist, irrespective of grade. The Guild also seeks an agreed definition of an emergency, and the position of resident staff, special duty payments, late clinic fees and time off in lieu to be safeguarded. Discussions regarding the problems of recruitment and retention of staff will continue in parallel.

The result of the ballot should be known early in March.

FPA leaflets in great demand

A further 30,000 family planning leaflets have been ordered by pharmacists since the launch of the "Health care in the high street" campaign on February 5.

Director of information at the Family Planning Association, Zandria Pouncefort, says she is delighted with the response and the campaign is proving both manageable and valuable. "The leaflets are obviously reaching people who did not have access to this kind of information before," she says. The FPA are receiving around 30-50

reply coupons a day compared with 50-100 in the first few days. The second batch of leaflets on "No smoking" will be mailed next week in time for National No Smoking Day on March 12.

The involvement of hospital pharmacists (C&D February 15) was an unexpected development, she says, and by May it is hoped that all hospital pharmacy departments will be receiving the leaflets on a regular basis.

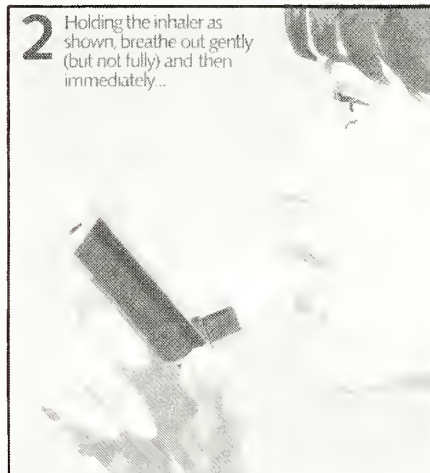
An eight week supply is being arranged for the DHSS leaflets on drug abuse. "We don't want people to run out of this because it is so important one and the extended supply will save pharmacists from having to re-order," says Miss Pouncefort.

BPA criticised for not standing

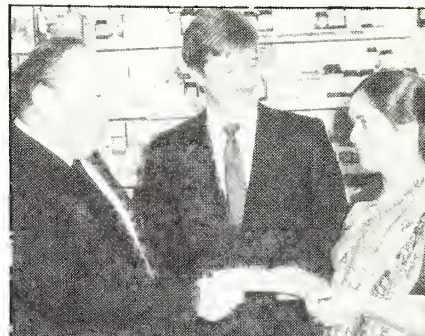
The British Pharmacists' Association was attacked last week for failing to put up candidates for the Area Pharmaceutical Committees in Scotland.

Ian Mullen, vice chairman of the Pharmaceutical General Council, told pharmacists in Inverness: "The Area Pharmaceutical Committee elections will determine the composition of the General Council in April. If the BPA is really serious about representing Scottish pharmacists then it should have put up as many candidates as possible for these area committees.

"But, instead, it has chosen to remain a closed society which refuses to publish its membership list and indulges in political scaremongering about wholesale closures of retail chemists in Scotland."



An illustration from a new broadsheet-sized colour poster describing inhaler technique produced by Riker in collaboration with the British Lung Foundation. Copies of the poster are available free from Mr Phil Holden, *Riker Laboratories/3M Health Care, Morley Street, Loughborough, Leicester LE11 1EP*



Potters Bar pharmacist Aruna Patel has won £2,500 in Unichem's "passport to riches" promotion. Unichem director Godfrey Raivid, MPS, and Willesden branch manager Wyatt Bell (centre) presented Mrs Patel with her second Unichem win — she won a couple of small prizes in last year's "classic winner's"

Kendal plant gets 'all clear'

Farley have been given the all clear by the Department of Health to resume production of milk powder products at their Kendal factory.

The Government says the decision has been made on the basis of "a thorough programme of cleaning and refurbishment" at the site, and the company has also suggested changes in its operating procedures, "in accordance with its code of good hygiene practice".

Farley Health Products were put into voluntary liquidation by parent company Glaxo earlier this year, after the Kendal factory was connected with an outbreak of *Salmonella ealing* poisoning.

Both the Kendal site and Farley's Plymouth cereals business are being offered for sale by liquidators Cork Gully. Rumours of an interested bidder have been reported. Cork Gully said they were at a "very delicate stage of negotiations; we can't divulge when they might be completed."

NPA quarterback

The National Pharmaceutical Association has returned over £64,000 to members as a result of its clearing house operation in 1985.

Over the year, some 1,500 members used the scheme, by which the NPA receives one cheque from the member covering all his bills before paying off the creditors centrally. In the interim period the NPA invests the money at high short term rates and it is this interest that is returned to members on a weighted basis, after the NPA's running costs have been deducted. Finance administration officer Brian Dosser points out that the average £40 return is over a quarter of the annual subscription.

JIC 1986 rates up 6 per cent

Pharmacy managers and pharmacists are to get a 5.986 per cent salary increase on revised turnover bands in the new minimum rates of pay agreed by the Joint Industrial Council for Retail Pharmacy (England and Wales).

The new rates which are all subject to trade union approval, come into effect on April 6 and are based on a normal working week of 39 hours. Shop assistants and juniors also get a rise of 5.986 per cent taking an assistant over 19 from £73.50 to £77.90 a week. Rates for dispensers also rise by the same percentage. The special relief for those unable to pay JIC rates has been lifted to £3,193. Rota payments to pharmacists have been increased by 5.986 per cent to £3.95 per hour on weekdays and £9.20 per hour on Sundays, half days and customary holidays.

Pharmacists

Minimum annual salary scales

Pharmacist managers and manageresses

Weekly Turnover	London	Provincial
£1,999-£2,198	£7,703	£7,599
£2,199-£2,416	£7,856	£7,752
£2,417-£2,660	£8,014	£7,907
£2,661-£2,926	£8,175	£8,063
£2,927-£3,219	£8,338	£8,226
£3,220-£3,539	£8,505	£8,390
£3,540-£3,892	£8,674	£8,557
£3,893-£4,282	£8,848	£8,728
£4,283-£4,711	£9,025	£8,904
£4,712-£5,182	£9,206	£9,081
£5,183 and over	£9,390	£9,262

Pharmacists

First year after registration	£5,706	£5,605
Second year after registration	£5,906	£5,805

Rota: Weekdays, £3.95; Sundays, half days and customary holidays, £9.20.

Assistants

Minimum weekly rates of pay

Dispensing assistants

Age	London	Provincial
20	£85.08	£84.57
21	£87.25	£86.74

Shop assistants

16	£50.86	£50.62
17	£58.71	£58.41
18	£66.52	£66.20
19	£78.24	£77.90

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Caring...

What an odd coincidence which saw a newsheet from the PSNC arrive this week, at the same time as an article was published by Ken Sims of Dorset. Both enlarged on ways of ensuring extra compensation to pharmacist contractors who decide to surrender their contracts when the new regulations come into force, with firm suggestions as to how the rest of us can get together to help our ex-colleagues.

While it is good to see PSNC asking us to buy stock at a fair price and to go out of our way to assist in disposal of leases and fittings, these actions would not actually cost us anything, since we would use the items. It must be unprecedented for anyone to ask pharmacists to be *generous*, to actually give a pure goodwill payment for a demonstrated increase in dispensing due to a nearby closure!

I reckon I would go along with this, although it might not be absolutely straightforward to base the figure on actual script gains since they could be complicated by factors, such as surgery changes which might take place during the years prior to and after the closure — these could be discussed, no doubt. As for 100p per script? A bit high I think, although I'd be willing to give the new dispensing fees on the gain for the first year, at 55p or so a time on scripts over 1,330 a month, and that, right cheerfully. How about you?

...and compassionate?

I am pleased to see the PSNC is discussing the problem of compensation for people who, subsequent to the two year period, find themselves no longer dispensing sufficient scripts. I think it is essential to negotiate a deal for the innocent loser who cannot resite when outside forces ruin a good pharmacy in the years ahead, when the present scheme is not operative.

Questions must arise, too, about pharmacies which have opened just to beat the contract. If they, as seems likely, fail to achieve target I am damned if I think they ought to get a bean. The compensation ought to be based, at the very least, on the last five years dispensing figures, to have any meaning.

Finally I am concerned about a point raised in a letter from Alan Nathan who said the present cut-off figure of 1,333 scripts a month could be raised to 1,600, or any other number, unilaterally by DHSS

with reference to the PSNC. To my mind, this seems a meaningless statement. The agreed remuneration is to be, stock cost plus 5 per cent, plus a dispensing fee of £1.20 for the first 1,325 scripts a month, then £0.51 per script over that, until a much higher number is dispensed, when it rises slightly to reflect higher overheads. Surely if any change were to be made in this, negotiation would have to take place?

A near thing?

You nearly read an item last week from me saying I was thinking of buying PIs — assuming all objections concerning pack, presentation, language, shape, colour, product liability and licences were satisfied, and not forgetting that the DHSS says it is powerless to make a retrospective clawback.

I took a look at the broadsheets only to discover the range offered is really quite limited. A good many of them are out, simply because they have different names. If you dispense a product with a different name, and there are several (Voltarene, for example) where you could be guilty of fraud, passing off, purporting to supply Voltarol but actually supplying a drug, which costs you less, while claiming payment for the dearer UK product. I think this is a matter not only for the services committees, but the Statutory Committee.

Anyway, I sat down and calculated how much I could get extra over the next few months, and came to the absurd conclusion, that not only did I not want to, but it wasn't really worth all the hassle, as I might only make an extra £200-£300 profit, which, less tax, might net me maybe £150. £30 a month? I'm not going to do it!

Are you closed?

I bustled round, putting all the lights out, seeing the doors were locked and bolted, then spent a few minutes clearing the bench to make sure I hadn't overlooked anything. I looked at my watch. Twenty minutes past closing time, and only one delivery. Good, I'll be home sharp tonight. Then the phone rang. Do I pick it up or leave it? After a second's hesitation I pick it up and say a non-committal "Hello?"

"Is that Xrayser's the chemist? Are you closed?"

"Yes, but what is it you want?" thinking it might be an urgent script. A scuffling of conversation between two people, then "Do you stock Airwick? Can we have some if we come down right away?"

"Not tonight Josephine," I laughed, "I'm off..." and put the phone down. I could have said more but what's the point?



SELLING TV AIRTIME: IS THE MEDIA TAIL WAGGING THE MARKETING DOG?

The selling of television airtime is a complex and sophisticated business, beyond the comprehension of most advertisers.

Or at least, that's what one or two of the television contractors would have you believe.

A mere marketing man, they suggest, would find himself lost in the labyrinth of pre-emption, share deals and station average costs-per-thousand.

Yorkshire Television does not agree.

As we see it, an advertiser should expect to be told plainly and simply what he's getting for his money.

But since the most expensive contractor was charging on average 85% more for his airtime last year than we were, you can

see why some stations might choose to blind you with 'science', rather than open your eyes to the facts.

By focusing an advertiser's attention on comparative costs against a station average price within a single region, they can take his eye off the much more crucial issue of airtime value across the network as a whole.

He can be offered an apparently competitive deal in that one area and still be paying well above his average advertising cost per unit sold.

At Yorkshire, we have a more practical attitude.

All we seek to do is to show you how our costs compare with the rest of the network.

Then you'll understand how it is that we could have sold

our total airtime last year at 10% below the network average price, and still delivered a healthy return, both to ourselves and to our advertisers.

Whatever your marketing needs are in Yorkshire, give us a call. We promise not to bamboozle you with deceptive deals based on illusory discounts.

We'll just give you the facts, and you'll see why a lot of advertisers could come to regard us as a marketing man's best friend.



Kodak go for gold on TV

Kodak are to go on national television in June and July to advertise their Kodachrome gold film replacement for VR100 and VR400 available in May (*C&D*, January 25, p126) and into the tabloid Press to promote their three new 35mm compact cameras.

Above the line spend of £1.5m will include a re-run of last Summer's "endeavour" commercial on national television in May and July alongside the gold advertising in which Kodak break their mould. Molten gold is seen pouring from a crucible into a mould which bursts open to reveal the gold film pack. It is to be backed with colour advertisements in the enthusiast Press. National colour supplements will carry further "professional endorsement" advertisements for Kodak film in March, April and early May.

Dealers can get an extra 10 per cent discount on normal terms on 35mm VR100 film until May 16, and 5 per cent more on VR400 and VR200. The following easy-

load films carry the extra 5 per cent discount too: 110 — VR200, VR400, 12s and 24s; 126, VR200, 12s and 24s, and all disc. Dealers can get 10 per cent off tri-packs of super 8 Kodachrome 40 type A film, as well as various promotional allowances.

Disc camera sales will get a £3 off cash injection, nationally advertised in the tabloids via coupons and promoted at POS with showcard/voucher and window posters. Disc camera outfits also contain £1-off vouchers for twin-pack VR disc film. Kodak say the £3 offer should bring the price of their tele disc camera to below £30.

Dealers can buy various promotional items — beach balls, hova discs, photo albums, cooler bags, stunt kites etc — to offer as free-goods-with-purchase, for example, and supported with POS kits. Although the full cash-back promotional packages of the business development plan are only available to direct dealers, pharmaceutical wholesalers will feature offers throughout the Spring and Summer, Kodak say. *Kodak Ltd, PO Box 66, Kodak House, Hemel Hempstead, Herts HP1 1JU.*

Senokot in the region

Reckitt & Colman are to support Senokot with a £400,000 regional advertising campaign to start in March/April and run through until the Summer. Further advertising will appear in the women's Press throughout the year and the campaign will emphasise the natural origins of the product which is also reflected in its new packaging. *Reckitt & Colman Products Ltd, Pharmaceutical Division, Dansom Lane, Hull HU8 7DS.*

Leichner make dramatic moves

Leichner's Kamera Klear foundation now has a new merchandiser holding two units of each shade. Carrying the slogan "It's for you to create the drama", the merchandiser also has a tester bar.

And the company has introduced red 200ml tubes for its original formula removing cream. A free merchandiser comes with all sales of 12 creams and a counter showcard supports the new packaging. *Leichner (London) Ltd, 202 Terminus Road, Eastbourne, Sussex BN21 3DF.*



Bronnley are promoting their Sporting Chance range with a promotion. Designed to run throughout the Summer, it offers consumers a free 150ml tube of shampoo and shower gel (worth £1.95) when they purchase a 70g deodorant stick and 100ml after-shave. All items are packed in a buy, drawstring bag. *H. Bronnley & Co Ltd, 10 Conduit Street, London W1R 0BR.*

Radio nails

Richards & Appleby are supporting their Nailoid brand with a Radio Luxembourg campaign, starting in March and running through into June. *Richards & Appleby Ltd, Gerrard Place, East Gillibrands, Skelmersdale, Lancs WN8 9SU.*

Cosmetic sales making up

The slump in sales of cosmetics and toiletries in the early 1980s is definitely over. The market is growing again in real terms says *The Silver Book*.

In the 12 month period to June 1985, sales were up by 10.4 per cent and, after allowing for price increases this represented a volume growth of over 5 per cent.

Sales into the UK trade were worth £881.358m at manufacturers' sales price. This was an increase of 10.4 per cent on the level in the corresponding year ago period. Prices were up by 5.1 per cent giving a "money-volume" or "real-term" increase of 5.3 per cent.

Over the last five years demand by the trade grew by 49 per cent at current prices. At constant prices the increase was 21 per cent. Over the same period total consumer expenditure increased by 7 per cent. Clearly the cosmetic and toiletry industry expanded its share of the market, says *The Silver Book*.

During the 12 months reviewed the best increase was recorded by the make-up category (up 14.5 per cent using constant prices) — a category which has shown little growth since 1979. The next most buoyant sector was the hair preparations market (+ 10.1 per cent on constant prices), followed by dental products (+ 7.1 per cent).

The advertising spend on cosmetics and toiletries in the year to June 1985 was £114.6m — 3 per cent below the spend in the corresponding year-ago period. Men's products, make-up, deodorants and depilatories all increased their spending, while there were decreases in the support for fragrances, hair preparations, toothpastes and denture products. *The Silver Book Review of the Cosmetic & Toiletry Preparations Market, June 1985 (£45) John Hogston Associates Ltd, 23 Golden Square, London W1.*

A Radox miss

As part of the Radox moisturising range 1986 promotion, Nicholas Laboratories are running the fifth national "Miss Radox" competition from March to June. Eight regional papers are helping to run the competition, with the national final in London in June. Prizes for both categories (5-10 and 16 and over) include a Corsica holiday and professional photographic sessions. *Nicholas Laboratories Ltd, 225 Bath Road, Slough, Berks SL1 4AU.*

Chemist & Druggist 1 March 1986



Scholl take an athletic step

A new athlete's foot spray liquid (£1.89) is the latest addition to the Scholl anti-fungal range. It comes in an aerosol with tolnaftate (1 per cent w/v) as its active ingredient.

The aerosol has an extended nozzle which allows the user to direct a fine spray between the toes, the prime site for infection. The spray, which is small enough to fit into a sports bag, soothes and relieves itching and soreness.

A new counter display unit which holds six of each of the products in the range — athlete's foot spray, gel, solution and powder — is available. Made in vacuum moulded plastic the unit is 1ft cross and 10in deep. *Scholl (UK) Ltd, 82 St John Street, London EC1P 1DH.*

Psychedelic shades

Chesebrough-Pond's colour cosmetics brand, Perfect Colour by Cutex, is featuring a collection of shades for spring/Summer called Psychedelics.

The range, which will be on counter from mid-March, takes its inspiration from the swinging sixties psychedelic era. The colours include lime greens, bright oranges, mauves and silver whites together with a shocking pink mascara and double-ended black and white eye pencil.

A pre-pack will be available containing the complete range together with a booklet offering fashion and beauty advice for the Summer season.

Two display units, with testers for the eye and lip products, will be available — one to slot into the existing gondola and one for counter display.

Chemist & Druggist 1 March 1986

The complete range will this year be supported by a £5.4m advertising spend. As well as including television advertising for the range, the Psychedelics promotion will be backed by full colour advertisements in the April issues of leading women's magazines including *Cosmopolitan* and *Elle*. *Chesebrough-Pond's Ltd, PO Box 242, Consort House, Victoria Street, Windsor, Berks SL4 1EX.*

Barry M. take on ten

Barry M. Cosmetics have introduced ten new colours to their range of hair streakers, including matt scarlet, hot orange, magenta and metallic shocking pink.

The company has also introduced a powder pencil for applying eye-shadow, composed of compacted powder and featuring one predominant colour and two auxiliary shades to give a "marbled" effect. The product comes in ten variations and each pencil sports three bands of colour (£3.50).

The powder pencil sharpener matches the pencils and features a protective blade cap, powder-collector and textured surface for reviving blunt pencil points (£1.50). *Barry M. Cosmetics, Unit 7, Mill Hill Industrial Estate, Flower Lane, Mill Hill, London NW7.*

Take a break, naturally...

Natural Break is a low-calorie all-vegetable drink from the London Herb & Spice Company. It contains no caffeine, preservatives or artificial flavouring and has no chemical additives.

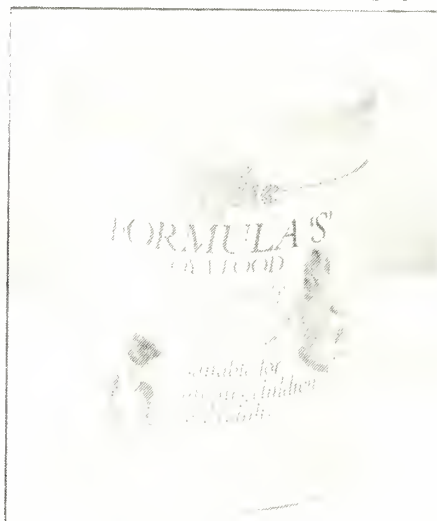
A blend of herbs, vegetables and spices in a "tea bag" produces a savoury flavour which can be served hot or cold. Natural Break is made by placing a bag in a cup, pouring on boiling water and allowing to steep for a few minutes. Each cup provides just seven calories, says the company. Ten sachets retail at £0.95.

To support the launch, London Herb & Spice are offering a special trial pack — a display outer containing 75 sachets designed to stimulate trial sales of single sachets. Further support will come from an advertising campaign in consumer magazines commencing in April. *The London Herb & Spice Co Ltd, 18 Selsdon Road, South Croydon, Surrey CR2 6PA.*

Cow & Gate's new Formula

Cow & Gate have reformulated their Formula S soya milk substitute for infants, children and adults with cow's milk allergy or lactose/galactose intolerance.

The new formulation incorporates a number of improvements including reduced sodium content, modified fat and protein levels and an increased calcium: phosphorous ratio to promote good uptake of calcium. The formulation contains no



beef fat, which some people feel may contribute to allergenic reactions in those susceptible to cows' milk allergy.

Cow & Gate have also repackaged Formula S in new tins with a consumer oriented design. The company says it will be increasing advertising support in the paramedical press to increase product endorsement.

Sodium levels in the formula have been reduced to 18mg/100ml from 32mg, more in line with breast milk. Likewise the calcium: phosphorous ratio has been adjusted to 2:1. The product contains no sucrose. *Cow & Gate Ltd, Cow & Gate House, Trowbridge, Wilts BA14 8HZ.*

New bite...

Weleda's natural dental products have been repackaged and updated says the company and trial packs of their herbal salt toothpaste are now available at £0.60. A 50ml pack of the herbal toothpaste, which contains no artificial colouring or sweetening agents, costs £1.35 and the salt toothpaste £1.45. A gargle and mouthwash (50ml £2.05) and a plant-gel toothpaste are also available from *Weleda (UK) Ltd, Heanor Road, Ilkeston, Derbyshire DE7 8DR.*

TV'S BIGGEST CANDID MARY



ST CLEAN-UP PAIGN SINCE WHITEHOUSE

The biggest TV campaign in history of Baby Wet Ones starts at the beginning of March.

To give you some idea of the magnitude of the advertising – 80% of all Mums with children aged between 0-3 will see the commercial on average 13 times.

So they'll get the message loud and clear that Baby Wet Ones 'clean not just clean – but hygienically clean.'

The plan of action for 1986 also includes the continuation of heavily-advertised and highly-successful consumer promotions and colour advertising in baby annuals. And 85% of all new Mums will receive free samples.

Mums also get a choice of sizes: 35s travel pack, 75s regular pack, 150s economy pack, and 150s special value refill pack.

Baby Wet Ones is the way-ahead brand leader and accounts for over 40% of all baby wipes sales.

For maximum effect, find a Baby Wet Ones next to disposable nappies, at your local health centre or baby shop.

STOCK UP AND CLEAN UP



Your Family Health Service

Wet Ones is a reg'd. Trademark.



Clairol go to new lengths

Clairol have introduced Wavelengths, a range of 14 heated flexible hair stylers.

Presented in a self-display carton, the purple and pink stylers are contained in a dove grey compact case with transparent hinged lid. The product should be plugged into the mains to reach their optimum temperature after 15 minutes before being placed in the hair in random sections for a variety of styles. The stylers are wound up to the root, then fixed in position by bending the ends over to form a letter 'C'.

Retailing at £24.95, Wavelengths will be available in May. *Bristol Myers Co Ltd, Swakeleys House, Milton Road, Ickenham, Uxbridge UB10 8NS.*

Scholl conform

Scholl UK's range of Lite Legs support tights will all be carrying the number and date of the British Standard and compression value of each garment at ankle level within the next two months, says the company. This is to conform to the British Standard Specification for graduated compression hosiery. The products affected are: Lite Legs sheer (15 denier) 6mm Hg, Lite Legs gentle and maternity (20 denier) 7mm Hg and Lite Legs firm (40 denier) 8mm Hg. *Scholl UK Ltd, 182 St John Street, London EC1P 1DH.*

Unichem offer is a gas...

Unichem have announced an offer for members to ward off the Winter blues with thoughts of the forthcoming long hot Summer.

The company is offering members a chance to buy one of the latest Thermos gas barbecues, at "substantial" discounts.

There are four gas-fuelled models available, which cook food with the traditional barbecue flavour. Prices range from £107 to £261 (excluding VAT).

Brochures are being circulated to members now, and the offer starts mid-March. *Unichem Ltd, Unichem House, Cox Lane, Chessington, Surrey.*

Shulton's shift

Shulton are no longer handling the distribution and marketing of the Sans Soucis skincare and cosmetics range.

Shulton last week announced the discontinuation of the Cie women's fragrance range. They say they will concentrate their efforts behind their male fragrances in both the mass and prestige sectors.

Sans Soucis will now be sold by Exclaim Cosmetics sales force with support from the range's manufacturers Fribad Cosmetics. Exclaim Cosmetics will be contacting all current Sans Soucis stockists in the near future. *Exclaim Cosmetics Ltd, 25 East Street, Brighton.*

Watching the women's Press

The following column lists advertisements for chemist merchandise due to appear in March issues of the IPC women's Press.

The magazines are divided into weeklies (W), monthlies (M), and teenagers' (Y).

Addis Wisdom toothbrushes:	M	
Alberto Balsam:	W	Y
Silk:	M	Y
Take 4:	M	
Elizabeth Arden flawless finish:	M	
Lagerfeld:	M	
Ashe Labs Propius:	W	
Beechams Germaloids:	W	
Ralgex:	W	
Shaders & Toners:		Y
Yeastvite:	W	
Booker Health:		M
Britannia Health Efamol:		Y
Brodie & Stone Jolen:		Y
Carnation Gourmet:	W	
Chanel:		M
Charles of the Ritz Carrington		
Parfums:	W	M
Chattem Sun-In:		Y
Chefaro Predictor:		Y
Clarins:		M
Clinique:		M
Combe Lanacane:	W	M
Slip-Stops:	W	M
Vagisil:	W	
Concept Klorane:		M
DDD Blistez:		Y
Dentinix:	W	
Christian Dior:		M
Elida Gibbs Pears:		M
Timotei:		Y

Bathtime for Houbigant

Houbigant are extending the Lutece fragrance with the addition of a luxury bathrange.

The collection will comprise lait parfumé le bain (150ml, £13.50), creme parfumée pour le corps (150ml, £14.50), voile parfumé pour le corps (150ml, £12.50), lotion hydratante parfumée (150ml, £16.50), gel parfumé pour le bain et la douche (£12.50) and poudre parfumée (150g, £19.50).

All products will be available on shelf from May.

During the launch period a selection of the bath products will be available with any purchase from the Lutece collection. *Houbigant Ltd, Balcombe Road, Horley, Surrey.*

English Grains:		M
Estee Lauder:		M
Health & Diet Head High:		M
Houbigant Raffinee:		M
ICC Anne French:		Y
Immac:		Y
G R Lane quiet life:	W	M
Estee Lauder:		M
Lilia White Dr Whites:		Y
Lil-lets:		Y
Lipcote:		Y
Louis Marcel:		Y
Max Factor:		M
Newton Chemical Bikini Bare:		Y
Traditional Remedies:	W	
Nicholas Labs Feminax:		Y
L'Oreal Biotherm:		M
Omniped:		W
Parfums de Paris - Hermes:		M
Parim Olgar Masor:		M
Progres:		M
Peaudouce Nana:		Y
Senokot:		W
Revlon:		M
Richards & Appleby Buf-Puf:	W	Y
Rimmel:		M
Roc:		M
Rochas:		M
Helena Rubinstein Existance:		M
Schwarzkopf Corimist:	W	Y
Marie Stopes:		Y
Tampax:		Y
Thomas Christy skin care:		M
Thompson Aqua Ban:	W	
Bran Slim:	W	
Unicliffe TCP:	W	Y
Vichy:		M
Warner Lambert Metatone:	W	M
Wassen Selenium Ace:	W	
Wella:		W
Zena cosmetics:		Y

**WOULDN'T YOU PREFER
TO RECOMMEND A
SUGAR-FREE PARACETAMOL
FOR CHILDREN?**



Taking the temperature

Pifco have launched a digital thermometer, packaged to appeal as an impulse purchase. Priced around £7.95, it will be available to independent chemists through De Witt International from this week.

The thermometer gives an almost instant readout. The company says — when the reading is stable a beeper sounds. The reading continues to show for a short time after the thermometer has been taken out of the mouth (it is also suitable for underarm or rectal use). It is accurate to $\pm 0.2^\circ\text{F}$, which makes it suitable for women to use for family planning purposes, Pifco say.

The battery — a small SR41 National or equivalent alternative — should last about three years, assuming the thermometer is used for no more than ten minutes daily, says the company.

Alan Bowers, Pifco's marketing



manager, says: "The packaging for the thermometer will make it an impulse buy. By packing it in a protective box in a coloured carton with a hanging tab it becomes an ideal display item for cashpoints. We have been careful to keep the readout in Fahrenheit — where health is concerned we have not yet gone metric."

Every household should have a thermometer yet only a small percentage do. Traditional glass thermometers are slow to show a reading, difficult to read and contain a poison. The digital version is easier and safer to use, say *Pifco Ltd, Failsworth, Manchester M35 0HS*.

Spring clean

This Spring Radox will have the support of a national television advertising campaign and a POS promotion.

Nicholas Laboratories are making "special value" packs of Radox herbal bath salts and herbal bath available in March and April. The 20 per cent extra free promotion is available across all fragrances in the 550gm pack of Radox salts and both sizes of the herbal bath.

A new burst of television advertising worth £350,000 coincides with the POS activity. Scheduled for April, this features the "yakety yak" commercial which uses the music of the '50s.

And from February until the end of April (while stocks last), family packs of Showerfresh gel will feature a 50p cash back offer. Consumers should send in the coupon attached to the pack to redeem the 50p. *Nicholas Laboratories Ltd, toiletries division, 225 Bath Road, Slough*.

Cedar sea...

Goya are promoting Cedar Wood aftershave, pre-electric shave, anti-perspirant, body shampoo and talc by offering customers the chance to win two Winter holidays in Barbados.

Products with sleeves highlighting the competition with entry forms on the

reverse will be on-shelf from April to August. Some 250 runner-up prizes of Goya and Coty products can also be won in the competition which involves matching up the Cedar Wood range to their correct retail prices.

Competition shelf-organisers and window stickers are available for POS. *Rigease Ltd, PO Box 27, Brentford, Middlesex TW8 9DW*.

Seton kick off

Footballer Bryan Robson, captain of England and Manchester United, has been signed up by Seton Products to promote their Prosport range.

The Robson promotion begins with a series of Press advertisements at the beginning of March. And the products will, from March, carry on-pack flash offers of a free warm-up exercise chart for customers. The exercises, devised by Manchester United physiotherapist Jim McGregor, offer sports people a drill for avoiding muscle strain, torn tendons and ligaments before strenuous sporting activity.

Bryan Robson posters and product merchandising display units are being distributed to chemists and sports shops, together with window displays and Bryan Robson shelf wobblers. *Seton Products Ltd, Tubiton House, Medlock Street, Oldham, Lancs*.

Cachet gets soft soap

The House of Matchabelli will be supporting their Cachet bath range with a promotion offering consumers free soaps running in March and April.

The promotion will entitle consumers to a free 25g cartoned soap with any purchase made within the collection.

A mixed pre-pack will be available with a merchandiser unit for use at point-of-sale and a headercard. *Prince Matchabelli, PO Box 242, Consort House, Victoria Street, Windsor, Berks SL4 1EX*.

New chew

Limmits have announced the relaunch of their chewy bars as a range of five lunchpacks in apricot, apple and cinnamon, apple and fig, lemon and ginger and orange and raisin.

Limmits are aiming the range at the younger slimmer (15-24 years old) or people wanting a healthy convenient lunch (£0.38). *Bayer UK Ltd, Consumer Products Division, Bayer House, Newbury, Berks RG13 1JA*.

ON TV NEXT WEEK

GTV Grampian	U Ulster	STV Scotland
B Border	G Granada	(central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & Wes
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	Bt TV-am	TT Tyne Tees

Alatacite Plus:	C, A, H
Askit powders:	S
Aspro Clear:	S
Benylin Expectorant:	All are
Paediatric:	Y
Cidal:	C4, (TTV, C)
Cow & Gate's baby meals in jars:	TTV, C4, (TT)
Cymalon:	HTV
Dimotapp:	HTV, TVS T
Duracell:	All are
Eucryl toothcream:	LV
Hedex:	TSW, TVS
Loasid:	
Marigold housegloves:	STV, G, Y, HTV, TSW, TVS, T
Mu-cron:	All are
Peaudouce Babyslips:	All are
Propain:	T
Recital Performance:	All are
Robitussin:	All are
Sapur carpet cleaner:	All are
Seven Seas:	All are
Sinutab:	All are
Vanderbilt perfume:	All are
Yardley:	All are

NOW WITH JUNIOR DISPROL YOU CAN

Junior Disprol Soluble Tablets

- the only soluble paracetamol tablet for children.
- dissolves completely in water or a favourite drink, with no bitter after-taste.
- convenient, for the older child, but can be used for children over three months.



Remember: when aspirin is considered to be a more appropriate treatment, recommend Junior Disprol tablets.

Junior Disprol Suspension and Tablets are recommended for children from 3 months to 12 years.

AN EXTENSIVE PROGRAMME OF PROMOTIONAL SUPPORT IS PLANNED IN 1986, INCLUDING SAMPLING VIA HEALTH VISITORS, AND A MAJOR CONSUMER ADVERTISING CAMPAIGN IN WOMEN'S MAGAZINES.



Junior Disprol Sugar-free Suspension

- the first sugar-free, non-cariogenic paracetamol suspension.
- pleasant-tasting, banana-flavoured.
- easy to pour; less viscous than traditional suspension.

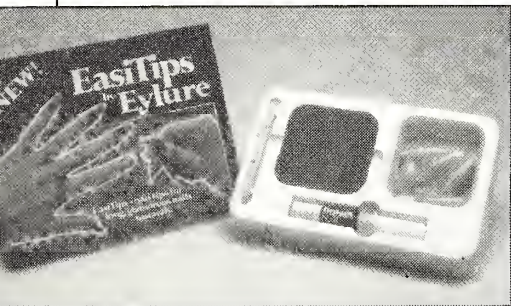
Each 5ml dose of suspension contains 120mg of paracetamol and is available in a 100ml bottle with child-resistant cap. Each tablet contains 120mg of paracetamol safety-wrapped in foil in cartons of 24 tablets.

**JUNIOR
DISPROL**

— A FIRST STEP TOWARDS SUGAR-FREE MEDICINES.



Reckitt & Colman Products Ltd., Pharmaceutical Division, Dansom Lane, Hull, HU8 7DS.



Eylure nails get tip-off

Eylure are introducing Easitips false fingernail extensions and Diamond formula nail hardener.

Easitips come with 20 nail tips, buffing pad to prepare the natural nail and buff down the join of the tip to natural nail, orange stick to aid application, a glue and full instructions. They are available in two sizes: slim-fit and wide-fit and retail at £3.50. Packaged in hanging cartons, they

will be sold in two parcels consisting of a card merchandiser and either 12 each of the two styles or six of the two styles.

Diamond formula nail hardener (£5.99) comes in white, red and blue hanging card with a diamond pattern.

The product can be worn alone or as a basecoat say Eylure. "The diamond hard finish protects the nails and allows them to grow without cracking, splitting or breaking". It will be supported with a display merchandiser with instruction leaflets. Parcels are available with a 10 per cent introductory discount on the larger parcel.

Half page colour advertisements in the women's Press will appear throughout the Spring and Summer featuring the Eylure nailcare range. *Eylure Ltd, Grange Industrial Estate, Llanfrechfa Way, Cwmbran, Gwent.*

Numark March promotions

The next Numark promotion will run in-store throughout March.

Marks & Spencer vouchers worth £1 are being offered to Numark chemists for every three cases of nationally promoted Beecham medicines' products ordered during the promotion period.

Main lines on promotion include Dettol antiseptic, Elastoplast pre-cut plasters and dressing strips, Farleys Rusks, Head & Shoulders shampoo, Heinz baby food cans, Johnsons baby powder, Lil-lets, Milupa infant foods, Nusoft all-in-one elasticated nappies plus a free Nusoft teat, Numark luxury tissues, Pampers, retractor twin disposable razors, Right Guard aerosols and Timotei shampoo.

Intermediate lines include Alberto V05 styling mousse, Aquafresh toothpaste, Baby Ribena health drink for babies, Elnett hairspray, Johnsons baby lotion and shampoo, Kotex Freedom Stowaways, Loving Care, Matey bubble bath, Milton 2 fluid, Nusoft baby oil, baby wipes and nappy clean, Palmolive Rapid Shave, Progress modified milk, Sweetex, Timotei conditioner, Vidal Sassoon original salon formula shampoo, remoisturising creme and finishing rinse.

Family Care specials include Benadon Vitamin B6, Bisodol, Blistez cold sore cream, Cream E45, Eno, Famel, Famel pastilles, Feminax, Germolene 2, Germoloids suppositories, ointment and toilet tissue, Kwells, Medijel pastilles and gel, Metatone tonic, Milk of Magnesia liquid and tablets, Numark Day Cold Relief and Night Cold Relief, Paracodol soluble tablets, Predictor colour home

pregnancy testing kit, Redoxon effervescent tablets, Rennie, Resolve and Solpadeine tablets. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wiltshire BA12 9JU.*

Bigger Bengers

Bengers food is now available in a new 600g pack, at the same price as the 500g pack it replaces. *Fisons plc Pharmaceuticals Division, 12 Derby Road, Loughborough, Leics LE11 0BB.*

Glove offer

In a special Spring promotion for wholesalers and cash and carry outlets, LRC Products are offering a "12 for 10" deal on Marigold light and extra housegloves. Display cartons containing 12 pairs of housegloves stickered with details of the offer are packed in outers of 24 dozen. *LRC Products Ltd, North Circular Road, Chingford, London E4 8QA.*

Slimway: new way

Slimway tablets have been reformulated to include vitamins A, D3, C1, B12, thiamin, riboflavin, niacin and folic acid, in addition to sodium carboxymethylcellulose. An average daily consumption of nine Slimway tablets provides at least a third of the daily recommended requirements of these vitamins for the average adult. The tablets will be available from the end of the month (48, £2.79), in a display outer of six boxes. *Thomas Christy Ltd, Christy Estate, North Lane, Aldershot, Hants.*

Efamol get under the skin

Efamol are introducing a three product skin care range — Efamolia — containing evening primrose oil, vitamin E and vitamin A.

The moisture cream (50ml £3.50) is for normal and dry skins for daytime wear — make-up can be applied on top. Skin lotion (150ml £4.50) is suitable for all-over body use and also contains UVA and UVB filters.

Enriched night cream (50ml £4.95) is slightly thicker cream for use at night, and during the day on very dry skin. It contains slightly higher levels of evening primrose oil. *Distributors Pharmagen Ltd, Church Road, Perry Barr, Birmingham B42 2LD.*



Naturelle's Look Blonde range has been extended with a 250ml shampoo and conditioner for highlighted and bleached hair. The company says the conditioner contains anti-oxidant properties to neutralise chemical residue left in the hair after processing (£1.05). The Look Blonde shampoo retails at £0.99. Introductory deals are available, say *Naturelle Ltd, Thornford Road, Headley, Newbury Berks RG15 8AG.*

Trio display

A new display unit is being distributed by Beecham Proprietary Medicines to support the Trio decongestant range. *Beecham Proprietary Medicines, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.*

Chemist & Druggist 1 March 1986

Reflux isn't pleasant.

Topal is.

alginic acid 200mg,
dried aluminium hydroxide gel 30mg,
light magnesium carbonate 40mg.

'TOPAL' quickly relieves discomfort due to gastric reflux by creating a barrier of protective foam.

Demulcent and mildly antacid, this floats on the stomach contents and forms a protective coating on the upper gastric and lower oesophageal mucosa. A pleasant caramel flavour makes 'TOPAL' a highly acceptable treatment for most patients.



**QUICK, PLEASANT RELIEF
FROM REFLUX SYMPTOMS.**

Topal Prescribing Information

Presentation Round, pale cream tablets with a fragrant odour and sweet, slightly gelatinous taste. Dried aluminium hydroxide gel 30mg, light magnesium carbonate 40mg, alginic acid 200mg, plus excipients to 1.65g.

Uses. Relief of discomfort due to gastric reflux or mucosal irritation in conditions such as heartburn, reflux oesophagitis, hiatus hernia, gastritis, acid dyspepsia.

Dosage and Administration One to three tablets chewed four times a day between meals and at bedtime.

Contra-indications and Warnings No specific contra-indications but care should be observed if used by diabetics because of the sugar content (see further information).

Pharmaceutical Precautions Nil. **Legal Category** GSL.

Package Quantities Carton of 42 (7 x 6) foil wrapped tablets.

Basic NHS Price £1.67 per carton of 42 tablets.

Further Information Each tablet also contains 880mg of sucrose, 220mg lactose, but no added colouring.

Product Licence Holder Concept Pharmaceuticals Limited, The Old Coach House, Amersham Hill, High Wycombe, Bucks HP13 6NQ.

Product Licence Number 0603/0021.

'Topal' is a trademark.
Further information available on request from the distributor ICI Pharmaceuticals (UK), Alderley House, Alderley Park, Macclesfield, Cheshire SK10 4TF.



Emla cream 5pc

Manufacturers Astra Pharmaceuticals Ltd, Home Park Estate, Kings Langley, Herts WD4 8DH

Description A white cream containing 25mg lignocaine base and 25mg prilocaine base in a eutectic mixture as an oil water emulsion

Use Local anaesthetic for topical use to produce anaesthesia of the skin allowing less painful venepuncture

Dosage *Adults and children* a thick layer of cream should be applied for a minimum of 60 minutes and a maximum of 120 minutes under an occlusive impermeable dressing. Maximum recommended dose is 5g per patient. Not for use on infants.

Contraindications, warnings, side effects Known hypersensitivity to anaesthetics of the amide type. Until further clinical experience is available, EMLA cream should not be applied to wounds, mucous membranes or used in patients with atopic dermatitis. Transient paleness, redness and occasional oedema have been reported. Prilocaine has been known to cause methaemoglobinaemia when given parentally. Although the systemic availability of prilocaine by percutaneous absorption is low, caution should be exercised in patients with anaemia, congenital or acquired methaemoglobinaemia or patients on concomitant therapy known to produce such conditions

Supply restrictions Prescription only

Packs EMLA is available as a pre-medication pack (£19.50) containing 10x5g tubes, suitable for 20 venepuncture procedures and 25 occlusive dressings

Product licence PL 0017/0213

Issued February 1986

Lederfen 450mg tablets

Manufacturer Lederle Laboratories, Division of Cyanamid of Great Britain Ltd, Fareham Road, Gosport, Hants PO13 0AS

Description Light blue, film coated, lozenge-shaped tablets, each containing 450mg fenbuten, engraved "Lederfen" on one face and "450" on the other

Uses Symptomatic treatment of rheumatoid arthritis, osteoarthritis, ankylosing spondylitis and musculoskeletal disorders

Dosage *Adults* One in the morning and one at night. It is unnecessary to modify dosage in cases of mild to moderate renal impairment *Children* Not recommended under 14 years

Contraindications, warnings etc As for other Lederfen preparations

Packs Blister packs of 56 (£15.10 trade)

Supply restrictions Prescription only

Issued March 1986

'User friendly' Trinordiol



The "pill" is the latest medicine to get a new look, with the launch of a "user friendly" pack for Trinordiol, Wyeth's triphasic.

The new pack has instructions included on the pack itself, as well as in the accompanying leaflet. The "day to take" and all other instructions are printed on the side of the pack and woman sees as she presses out the pill, and the start day is recorded by a scratch off panel. The instructions also include a numbering system as a further check that the tablets are being taken correctly. The pack itself folds away and has a feminine design on the outside for greater discretion.

Wyeth say that in consumer research both doctors and women agree that the packs are simpler to follow. The new packs will be sold in threes (£2.73 basic NHS). *Wyeth Laboratories Ltd, Huntercombe Lane South, Taplow, Maidenhead, Berks. SL6 0BH.*

BRIEFS

Galen Ltd have added Galpseud Linctus containing pseudoephedrine hydrochloride BP 30mg/5ml (2 litres £8.00) and Galpseud tablets containing pseudoephedrine hydrochloride BP 60mg (100s £2.65) to their sugar-free and tartrazine-free range. It will be marketed for all patients including diabetics. *Galen Ltd, Seagoe Industrial Estate, Craigavon, Northern Ireland BT63 5QD.*

Debrisan paste is now available in packs four sachets (£18.64 trade). Distributors *Farillon Ltd, Bryant Avenue, Romford, Essex RM3 0PJ.*

Kabikinase (streptokinase) is now available in vials containing streptokinase 250,000iu, at a basic NHS price of £17 per vial. *Kabivitrum Ltd, Kabivitrum House, Riverside Way, Uxbridge, Middlesex UB8 2YF.*

Velosef syrup 125mg/5ml is discontinued and stocks are exhausted. When lower doses of oral cephradine are prescribed, 250mg/ml Velosef may be diluted with syrup and then used within seven days. *E.R. Squibb & Sons Ltd, Squibb House, 141 Staines Road, Hounslow TW3 3JA.*

Welfare Foods are adding Rite-Diet low protein white bread (with added fibre) to their low protein range. The ready-made loaf (400g £1.64) which is sealed in a pouch has a three-month shelf life, and is free of gluten, egg, milk and lactose and has a fibre content of 6 per cent. **Rite-Diet gluten free high fibre crackers** have been classified by the ACBS as prescribable for gluten sensitive enteropathies, including steatorrhoea, coeliac disease, and dermatitis herpetiformis. *Welfare Foods (Stockport) Ltd, London Road South, Poynton Cheshire, SK12 1LA.*

Skincare range on the way

Pharmacia will be introducing an ethical and consumer range of skincare products during the year.

Sential, a Prescription Only cream for the treatment of dry eczema, contains hydrocortisone, urea and sodium chloride, and will be available from the end of April. Two further product licence applications are with the DHSS, and the company hopes the products will be available by the end of the year. *Pharmacia Ltd, Pharmacia House, Midsummer Boulevard, Milton Keynes MK9 3HP.*



Prizewinners in the Nurofen winter window display competition are pharmacist Jaqueline Walton (right) of Astwood pharmacy, Worcester, and assistant Olive Knight (left). They are shown receiving their prizes of sales vouchers from Crookes sales representative Marion Wright

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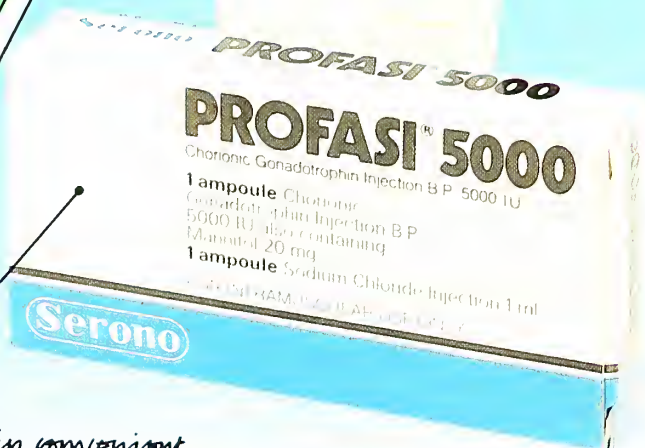
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our products, both generic and OTC, through wholesalers. So you can buy as much as little as you want on a day to day basis without any worries about overstocking. It's all part of Evans commitment to help pharmacist make the most of his business. And that's why we'll be offering

generous seasonal discounts on selected products, and giving our OTC brands extensive consumer advertising and effective P.O.S.

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Thank
Evans
A member of the Glaxo Group



There are rules governing the marketing of home medicines — legal and quasi-legal ones, and commercial ones. Here we are concerned with the latter, particularly those which relate to advertising.

These rules grow naturally out of the characteristics of self medication, the dynamics of the market and the channels of communication. If they are observed, the right basis is established for a successful brand. If they are not, the lowest penalty is reduced cost effectiveness, and the highest is product failure.

Usage and purchase characteristics

Products are need-related. They are used only when the symptoms of minor illness arise, not before or after. So prophylaxis can be ruled out, on commercial grounds no less than legal ones. Home medicines are neither bought nor used in advance of ailments the consumer hopes she won't get.

Secondly, need-relatedness means that the number of purchasers is limited at any one time, although actual usage is higher. Appropriate medicines are often to hand from purchases made previously.

Market dynamics

The ubiquity of minor ailments is such that, when purchase *versus* usage is ironed out, as it is year on year, total sales show a remarkably stable pattern. There are obvious exceptions, eg where incidence fluctuates with the weather and is paralleled by purchase/usage fluctuations.

This adds up to consistent market demand, but no usage-elasticity. In many FMCG markets additional product usage can, within limits, be stimulated by larger packs, sales promotion incentives and, of course, by impulse purchasing. Breakfast cereals, detergents and confectionery items come into this category. Medicines don't. Their usage cannot be stretched arbitrarily. Either the ailment exists or it does not.

Channels of communication

It is a long way from factory to handbag. For home medicines, the journey is extended by the very nature of minor illness.

With most FMCG there is a built-in propensity to purchase. People need food, and there are manifold influences at work to stimulate this appetite — a vast range of products, and a huge weight of advertising and promotion.

None of these factors apply to home medicines. There is no appetite stimulus at work. No one wants to feel unwell and there is latent resistance to the whole process, including medication itself.

External influences are far more limited. Collective advertising is much smaller. There is no significant product category

Getting the message across

Advertising is the major marketing input for home medicines, which is why advertising to sales ratios are higher than in many other markets. Why is advertising so important? What are the factors which lead to high frequency and repetition in home medicines advertising? Eric McGregor, marketing director of International Chemical Company from 1970-82, looks at the elements involved.

exposure. Media coverage is almost non-existent; when it does arise it is almost invariably unfavourable. Buyer readiness is in a much lower key because the products are needed against unpleasant necessity rather than pleasurable desire.

Thus, apart from the pharmacist and other professional endorsement (valuable but necessarily limited), the main weight of the communications task falls on media advertising. So usually this is the major component of the marketing mix. It has to undertake not only message-transmission but the educational role which, in other fields, tends to be exerted generically.

The role of advertising

Because of its importance, advertising to sales ratios are necessarily higher than in



most other markets. This does not penalise the consumer, as the then Prices Commission testified in 1978.

On the contrary, advertising of home medicines is of benefit to the consumer. It is the major source of in-home accessibility to information about ailments, symptoms, product availability and brand benefits. Such information is of value not only in individual health care but also as a means of reducing demand for NHS facilities.

So from the consumer viewpoint advertising performs an important service. From the manufacturer's it is the only vehicle by which volume brand sales can be established and sustained.

The communication task

Advertising cannot dictate the onset of ailments. It can reflect the pattern of incidence. Since incidence is mostly stable throughout the year, but with relatively few buyers at any one time, regular, systematic exposure is essential.

The ideal module for home medicines is exposure on a year-round basis (or throughout a given period for seasonal products). But media costs have exceeded general inflation by 100 per cent over the past decade, so compromises are necessary.

Television or Press? There is no set answer to this. The Press offers higher frequency on the basis of an amplified product story. Television is far too expensive to achieve comparable frequency but it does have greater impact. The only viable way to resolve this issue is to test, test, test.

The proposition is a major consideration. An advertisement, whatever the medium, must select and "flag" its target audience, highlight the key symptoms, project brand benefits and register brand identity. Frequency at the expense of proposition is counterproductive. But, a message which sacrifices frequency is also a big minus. Getting the balance right is not always easy.

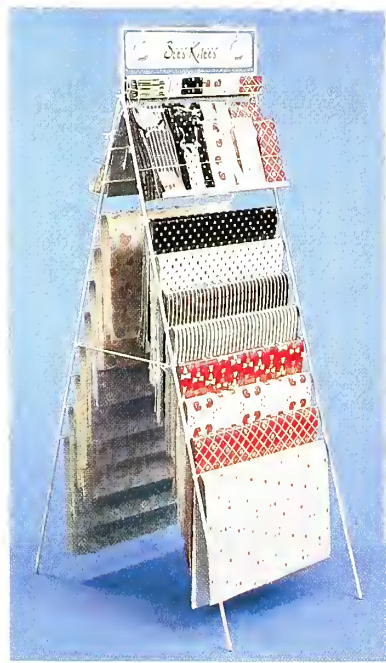
It is a job for experts who understand the consumer and how concentration, compression and character of presentation can be achieved without loss of clarity. This often means working in segments or space-sizes smaller than would be countenanced in other markets, in order to achieve an optimum balance of repetition and message.

With home medicines, the mechanism of "filtering" in and out is exercised by consumers. The premise that the sufferer will notice an advertisement if he or she has the condition at the time is borne out by long experience.

The techniques of repetition and message are known to many and employed to advantage. Cost pressures and censorship reinforce the need for them. They mean higher advertising exposure, which is the key to home medicine marketing.

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TELEPHONE: 01-530 6421. TELEX: 897734.

A typical mid-life crisis hit Roger Evans at an early age.

Six years into a successful career in the pharmaceutical industry, he began to wonder what he really wanted from life. Now, as director of the Institute of Psychosynthesis in London, he spends his time helping others to resolve similar crises by a form of holistic medicine.

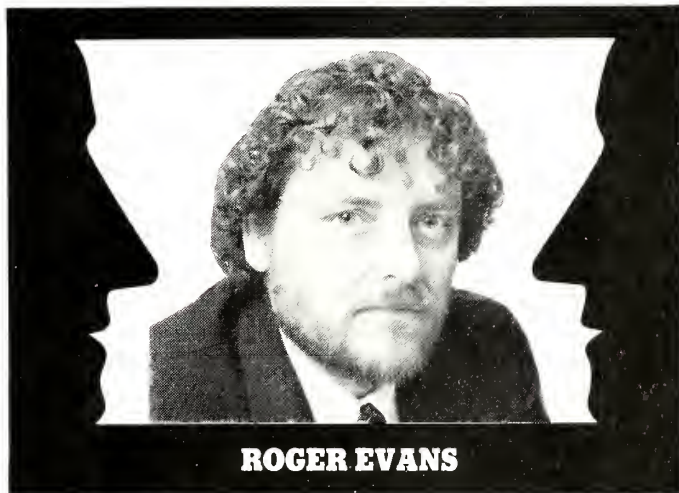
Initially, Mr Evans felt pharmacy was his true vocation. His father, J. Howard Evans, was a pharmacist and a past chairman of Unichem, and as a teenager Roger was powerfully inspired by Ritchie Calder's book, "The Lifesavers," about early pharmaceutical research. He qualified in 1964 after training at Chelsea School of Pharmacy and in his father's businesses at Esher and Kingston. He managed a pharmacy in Twickenham for a year before becoming a representative with Parke-Davis in Toronto, where he stayed for three years.

During this time he studied two nights a week for a Masters degree in business administration, which he finished full-time at the University of York in 1968. He then joined Rousel as export manager in London until 1971.

By now, he was finding that, while he enjoyed management, the industry did not satisfy the idealism he had had in his teens. "Although many of my colleagues were very well-intentioned, careful about research and concerned for the patient, at the end of the day what mattered was profit," he explains. "I'm not saying that drug companies shouldn't make profits, but I found the philosophy did not mix happily with my own values."

He also wanted to start a venture on his own, rather than work for a large organisation. On his business course he had become interested in the psychology of groups and found that as a manager he still had a lot to learn about working with people.

Above all, he felt he needed to find out more about himself and where he was going. He started studying psychology,



'We need to help people realise their full potential'

Pharmacist Roger Evans is devoting his career to a branch of complementary medicine that offers the ultimate in patient counselling.

joining meditation and self-awareness groups, and eventually became interested in a form of psychotherapy known as psychosynthesis, training under its Italian founder Roberto Assagioli who was a student of Freud and a colleague of Jung.

After a course at the San Francisco Psychosynthesis Institute, Mr Evans and his wife decided to set up a similar institute in London in 1973. The centre trains counsellors, social workers, doctors, and other professionals and holds regular short courses for the public. Mr Evans has his own private counselling clinic and a management consultancy and travels worldwide organising courses and training programmes. Nearly a third of his time is spent as a curator of the Resource Group, an international charitable trust which funds projects which are concerned with global collaboration.

Psychosynthesis has a more positive approach than psychoanalysis, says Mr Evans. "We believe humans are not just the result of their past life or instincts but have a strong creative dimension and a lot of unrealised potential."

Crises are only crises because in some way they threaten our established patterns of behaviour and sense of identity. Rather than analysing the past for an explanation, psychosynthesis helps people respond creatively to the challenge and turn difficulties to their advantage.

"The cause of many problems with relationships or other aspects of life may relate to the past but may also be concerned with some inner potential that is not expressed. The question, 'How can I develop a level of meaning in my life?' seems very fundamental in the mid-life crisis, where a person has achieved certain ambitions

in career or family but is not totally happy."

These periods of confusion are not just immature restlessness springing from neuroses but something deeper and less tangible that changing one's job, for example, does not necessarily solve.

Those coming for counselling cover a broad cross section of society. They range from adolescents to older people coping with retirement, although the majority are 30-55 year-olds facing mid-life issues.

A number are referred by doctors or priests. There have been heroin addicts, professionals who are experiencing disillusionment, and people suffering from psychosomatic disorders such as peptic ulcers, tension headaches and insomnia. In many cases, the alternative to counselling could be a lifetime on tranquillisers, hypnotics or antidepressants.

Not that Mr Evans disagrees with drug treatment. He regards psychosynthesis as complementary rather than alternative medicine. "It's a question of balance and what is appropriate for the individual. If people are very disturbed they may need tranquillisers to help them find their feet. But that is not the long term solution. What is more important is educating people to look at health from a broader viewpoint that includes drugs in crises but is based on preventing these crises recurring. Being healthy involves creating mechanisms whereby people can understand themselves."

He believes there is much potential for pharmacists to investigate beyond a patient's apparent problems and help in this way.

"The important thing is to be a creative listener, to allow people to talk about their lives. What I have found fascinating is that, deep down, people actually know how to resolve their problems. Essentially they have their own inner wisdom and it's really a case of empowering them to see that the answer lies within themselves."

The Institute of Psychosynthesis is at 1 Cambridge Gate, Regents Park, London NW1 4JN

Dispensing tax justice

Special rules apply to the taxation of expenses and benefits which directors and employees earning over £8,500 a year get in connection with their work. Under the rules, the tax office must be told annually, on Form P11D, about the expenses and benefits given, so that tax liability can be assessed.

However, it is recognised that many routine payments and benefits — for instance, expenses on business travel in the UK — are normally allowable as deductions in the employee's hands. So one cancels out the other, and there is no extra tax liability for the employee or director. In these cases a *dispensation* can be issued, which saves work for both the employer and the employee. This means the employer no longer has to show these expenses on Form P11D. And the employee no longer needs to show the payments on a tax return.

If an employer feels he is already making expense payments which could be covered by a dispensation, he should contact the tax office, giving details of the payments made, the circumstances in which they are made, and the way they are controlled and verified.



The expenditure must either come from travelling for the business, or from the performance of duties for the business. So dispensations are *not* given for lump sum allowances, or entertainment expenses.

A dispensation can't be given if it would reduce the employee's total emoluments below £8,500 — meaning that the employee was no longer within the scope of the special rules. Similar provisions for dispensations apply to expenses met by vouchers, credit or charge cards.

Considering compensation

How much money are you liable to pay, if a dismissed employee goes to a Tribunal to claim unfair dismissal?

Although the law gives Tribunals a lot of discretion, it does set down maximum sums which can be awarded. These can be quite considerable. If unfair dismissal is found, the employee is first entitled to a *basic award*. This is equivalent to what he would have received if he had been declared redundant. The sum will depend on age and length of service, and the maximum for someone with twenty years' service is £4,560. The employee could also get a *compensatory award*. This covers things like the time it might take for the employee to find a new job, the necessity to move, loss of any "perks", etc. Up to £8,000 a time can be awarded.

Then there can be additional sums.

In some circumstances, a Tribunal, if asked by the employee, may order reinstatement, or re-employment. Now in a Court of Law, an employer would have to obey — or be punished for contempt of court. But in unfair dismissal cases, the employer does not have to obey the order — but then he will have to pay extra compensation. This can amount to several thousands of pounds, depending on the circumstances, on top of the above sums. So

the totals involved can be quite frightening — and all the cost has to be carried by the employer.

The only comforting thought for employers is that the maximum sums are rarely awarded. In most cases sums are in the hundreds, rather than in the thousands — and even these can be reduced if the employee has contributed to circumstances leading to his dismissal. But the lesson is, before dismissing someone out of hand, make sure you are on strong ground, and that the employee has had every chance to have his say.

Tenants sit tight on leases

For business tenants, the past year could have been a worrying time. The Government has been reviewing the protection given to business tenants when their business lease comes to an end.

The review has now ended after long consultation, and the Government says that there are to be no changes. A business tenant, at the end of his lease, can demand a new tenancy. But there are no exceptions.

These are where the tenant has failed to carry out major obligations under the lease; where there have been considerable delays

The rebate debate

At present, if a business declares any employees redundant and pays the state redundancy payment, the central state redundancy fund will rebate 35 per cent of the amount. But from October 1986, this arrangement will end, apart from firms with fewer than ten employees.

The smaller firms who fall into this category will still be able to claim the rebate. But firms outside the category will be in the same position as they are regarding unfair dismissal compensation. That is, the whole cost will have to be carried by the business concerned.

Special arrangements will safeguard the rebate for firms going into liquidation, or employers becoming bankrupt.

Getting better?

With the introduction of major changes in the statutory sick pay scheme, the Government has recognised the large amount of administration falling to the employer's lot. As a result, employers will be compensated for their effort.

For the years 1985-6 and 1986-7 employers will be allowed to add 9 per cent to the total statutory sick pay that has been given to employees. For the year 1985-6 the compensation is retrospective, back to April 6, 1985. By now you should have had instructions on how to collect this payment. If you have made statutory sick payments to any employees during the year, make sure you have not overlooked any instruction on claiming the 9 per cent. If you have had no instruction, contact your local Department of Health and Social Security office.

It is expected that in the future different compensation methods will be devised. But more consultation will be needed before new rules are introduced.

in paying rent; where suitable alternative accommodation has been offered by the landlord; where the property is to be demolished or reconstructed, or where the landlord needs the premises for his own business or as a residence. In the last two cases the landlord has to pay compensation.

For those whose business lease will end within the next twelve months, it is worth taking advice from a chartered surveyor, a valuer or a solicitor, since there are several legal steps to be taken within fixed time limits — and things can easily go wrong.

Chemist & Druggist 1 March 1986

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Shop design for OPD – a new approach is needed

The move towards original pack dispensing is gathering momentum. If pharmacists and patients are to benefit from the change pharmacy layout and design will need to change, argues Essex pharmacist Miall James.

We are close now to something which has been the dream of wiser pharmacists for many years. Original pack dispensing (or latterly patient pack dispensing) has been talked about in Britain and its coming forecast for at least a decade.

Now, with around 35 per cent of prescriptions written for patient packs, the ABPI has set up a programme to bring the figure up to 95 per cent in less than two years. The Pharmaceutical Society, too, has published a policy document. It is surely time to look at the likely changes in community practice and the opportunity which these changes will afford. There is little doubt that if we miss this one, community pharmacy will be severely reduced in status in the years to come.

The modern pharmaceutical industry turns out products under carefully controlled conditions. It is strange that the products are then transferred to a products "cottage industry" where they may be contaminated by dirty tablet counters, placed in questionably suitable plastic containers, and — the final indignity — inadequately labelled by practitioners, some of whom look back to some golden age of mystique and try to maintain the fiction that all medicines are still made in the dispensaries. Few of our customers believe that claim today; fewer still will do so after 1988, the planned date for PPD.

The Pharmaceutical Society and the industry still expect that pharmacists will affix some sort of label to the pack, on two grounds: first, that prescribers' instructions may vary from the norm (the Pharmaceutical Society is opposed to including any dosage instructions on packages for that very reason); and secondly, that the Medicines Act requires the name of the patient and the date of dispensing to be on all dispensed medicines, together with further specific requirements in certain cases.

The computer, with its labelling and warnings, may still be required unless the Society's standard warnings are included on the package. It does seem a little extravagant to use £1,000 worth of machine to write patients' names. But experience teaches that many doctors will stick to the standard dose, expecting the package insert (or someone) to

explain all to the patient.

But most patients I have counselled have appreciated extra advice. What, therefore, of the function of the pharmacist? No longer making up medicines, not even thinking up more esoteric methods of translating instructions — just handing out original packs. A graduate is likely to be rapidly bored to tears, unless he or she accepts the counselling role for both prescription and OTC medicines, and demands that shop design reflects the enormous changes the conversion to PPD is likely to bring. It is apparent at the moment that little, if any, thought has been given to the matter. Conversion of pharmacy layout to cope with PPD is too often seen as merely re-arranging the shelves.

A complete rethink of dispensary arrangements is necessary, drawing on the experience abroad. A considerable increase in the use of technicians at the expense of pharmacists in certain countries has been seen, and numerous commentators point to the function of the pharmacist as a "compliance aid", the last health professional to see the patient. For the pharmacist to hide away and pretend that preparation is going on will be unacceptable and incredible. So some major redesigning will have to take place, along the lines of the open plan dispensaries seen abroad and adopted here by a few. There will have to be some area for the occasional extemporaneous preparation,

and it is here that any technician should be sited. But the pharmacist himself should be clearly accessible to the public.

Smecka has designed a pharmacy layout (see fig 1), which, while suitable for Czechoslovak circumstances, requires some modification in Britain, as the range of medicines requiring pharmacist supervision is very much greater. The dispensing module is a shelving bank containing an average day's supply. "Topping up" is by a technician. The advantage of this scheme is that pharmacist controls the rate of entry to the dispensing area with an "Enter — do not enter" light. Whether this would be acceptable in Britain is questionable. Although some form of counselling area is welcomed, if managed properly, it might prove too expensive in floor space unless there are considerable changes in the NHS contract allowances.

Replanned medicines sales areas would obviate the criticism voiced recently in *Which?*, where it was stated that many "advised" sales are not, in fact, by the qualified person but by an assistant, without apparent pharmaceutical involvement. If the prescription and OTC areas are separated, a dispensing area could be designed where the pharmacist could be seated — although that requires either a seat for the patient or a slightly raised dais for the pharmacist. If such an arrangement is adopted, prescription items can be shelved around the pharmacist, while he or she could, using closed circuit television, supervise medicine sales and intervene if necessary.

Arrangements of this type with counselling equipment and a blurring of the distinction in handling between prescribed and OTC medicines will require new attitudes from some pharmacists. But they will also need new, imaginative attitudes from shopfitters and designers. Design of pharmacies will have to change, and shopfitting firms will have to consider seriously their policies to take account of the big change in 1988.

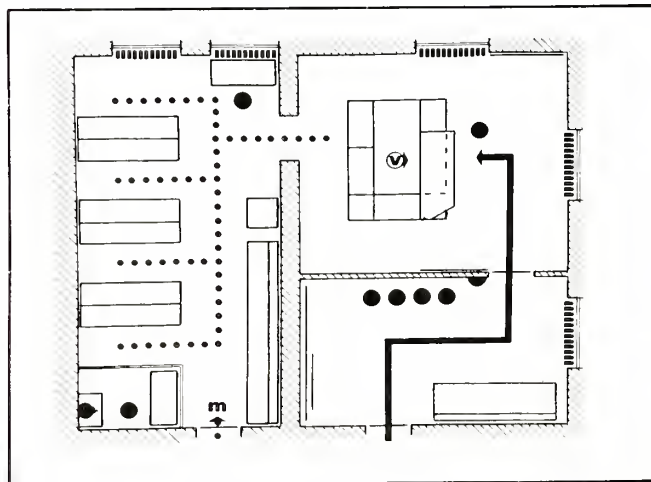


Fig 1: A floor plan for a pharmacy as proposed by Smecka and Neuirth (*Journal of Social and Administrative Pharmacy* February 1984). Medicines would be fed from the storeroom (m) to a dispensing room (V). Patients sit in a waiting room until called in by the pharmacist. The design does not allow for OTC sales.

ABPI sets out original pack policy

The Association of the British Pharmaceutical Industry, after discussions with the medical and pharmaceutical professions, has set out its policy on pack sizes and bar codes, amplifying guidelines put forward in 1984.

An "original pack" is a manufacturer's pack of medicament designed and intended to be dispensed directly to a patient without modification save for the addition of a label by the dispensing pharmacist.

To avoid confusion the ABPI suggests the term "pack-size" should be used when referring to the number of units or the weight of volume contained within a pack. Where the physical aspects of a pack are considered, the terms "pack dimensions" and "pack shape" should be used.

The advantages of original pack dispensing, says the ABPI, include:

1. Improved product security and stability.
2. Elimination of one potential for cross-contamination.
3. Avoidance of possible dispensing errors and mislabelling.
4. Faster and more efficient dispensing, freeing the pharmacist to extend his role as a counsellor.
5. Better patient compliance as a result of the style of pack and of the opportunity to provide information.
6. Preservation of product, batch and company identity, with patients' recognition of company name.
7. Through the batch number printed on the original pack, potential for more

effective recall, down to patient level.

8. More rapid product identification.

9. More precise determination of product liability.

10. Elimination of the possibility that the medicine a patient receives may emanate from more than one batch or supplier.

11. Opportunity to provide tamper evident and child resistant packs.

Pack sizes

Tablets and capsules (and other solid oral dosage forms):

For chronic treatment packs should contain sufficient tablets or capsules etc for one month's treatment (one month being taken as 28 days).

Medical and pharmaceutical opinion is in favour of a 28-day pack. Thus a one unit per day pack should contain 28 units, a two unit per day pack 56 units, etc.

Oral contraceptives are already in a one month supply pack, and thus 21 tablets can here equal a 28-day supply.

For chronic "PRN" treatment, packs should contain multiples of 28 (eg, 56 or 112) and need not deviate from the principles of chronic packaging.

For short-term treatment pack sizes should be based on the quantity required to meet the manufacturer's recommendations for a course. If this is indeterminate, then packs should be based on seven days treatment.

Liquids: Volumes supplied should normally be sufficient for 28 days (or a multiple thereof) or for a complete stated course, rounded-off to a fill-volume which is practical.

Certain liquids are given PRN (but with a maximum daily dose). These should normally be supplied in a volume adequate to cover 7 days of treatment, rounded to a sensible fill-volume.

The above applies similarly to powders, granules etc, intended for re-

constitution as liquids.

Aerosols (for inhalation, topical use etc): These may be considered to be OPs.

Inhalent medication in capsule form: As for capsules for chronic treatment.

Suppositories: No changes in presentation from current norms.

Topical creams and ointments: These are usually supplied as OPs. Manufacturers should ensure that these are of a different size sufficient for seven or 28 days treatment.

Ophthalmic preparations: Liquids are normally available in 5ml or 10ml OPs.

Ointments are usually supplied as 3g tubes and no change is envisaged.

Unit dose preparations of ophthalmic products may be considered to be OPs.

Injections: These are normally available in original pack form.

Ampoules, sachets for oral use: Follow logic of tablets and capsules sections.

Inhalations: These are usually "PRN", and pack-size may be determined by whatever is common usage.

Nasal drops ear drops: These and unit-dose presentations are OPs.

Topical powders: Usually already available as OPs — no change envisaged.

Bar coding

Inclusion of a bar code on the pack will facilitate stock control by wholesalers and in pharmacies and provide the Prescription Pricing Authority with the means to adopt modern electronic methods for pricing of prescriptions.

Therefore all packs should bear an EAN bar code printed on the pack.

A peelable EAN bar-coded sticker on packs is an integral and essential part of the Association's plan. Companies should be prepared to implement this facility as and when required and possibly at short notice. Failure to comply may undermine the success of the scheme, says the ABPI.

Propain

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Full information on request Luitpold-Werk, Medical & Scientific Office in U.K., Hayes Gate House, 27 Uxbridge Road, Hayes, Middlesex UB4 0JN Telephone 01-561 8774



AS ADVERTISED ON T.V.

PL(PI) list updating

C&D has this week received documentary evidence from five companies of the granting of PL(PI) licences on a number of products. The products licensed are listed below.

Our complete list, incorporating those published on January 25 (p137), February 15 (p318) and last week (p334 and 351), and brought up to date with further licences published in the *London Gazette* in the meantime, will be published shortly. We have also undertaken to publish any omissions to the lists already published on receipt of photocopies of licence documents (last week p334).

Aeropax (International) Ltd, trading as Stephar BV

PL/4259/0160	Midamor tablet	Amiloride hydrochloride (anhydrous) 5mg
PL/4259/0151	Nizoral tablet	Ketoconazole 200mg
PL/4259/0099	Sinemet 110mg	Levodopa 100mg, carbidopa 10mg
PL/4259/0008	Slow Trasicor	Oprenolol hydrochloride 160mg
PL/4259/0109	Tofranil 25mg	Imipramine hydrochloride BP 25mg

Alan Pharmaceuticals Ltd

PL/5401/0001	Aldomet 250mg tablet	Methyldopa BP 250mg
PL/5401/0064	Bolvidon 30mg tablet	Mianserin hydrochloride 30mg
PL/5401/0002	Capoten 25mg tablet	Captopril 25mg
PL/5401/0042	Corgard 80mg tablet	Nadolol 80mg
PL/5401/0051	Tenoretic tablet	Atenolol 100mg, chlorthalidone 25mg

Global Pharmaceuticals Ltd

PL/0576/0014	Imuran 50mg tablet	Azathioprine BP 50mg
PL/0576/0020	Midamor 5mg tablets	Amiloride hydrochloride 5mg
PL/0576/0022	Moducuren tablet	Hydrochlorothiazide 25mg, amiloride hydrochloride 2.84mg (= 2.5mg base), timolol maleate 10mg

Grange Pharmaceuticals Ltd

PL/3611/0047	Amoxil 500mg caps	Amoxycillin trihydrate BP 520mg (= 500mg amoxycillin)
PL/3611/0042	Lederfen 300mg	Fenbufen 300mg
PL/3611/0066	Salazopyrin 500mg tabs	Sulphasalazine 500mg

Spectrum Marketing

PL/3787/0024	Sinemet 110mg	Carbidopa monohydrate 10.8mg (= 10mg carbidopa), levodopa 100mg
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Glaxo are having a redevelopment with multi-storey carpark for 400 cars including fire station and car service facilities of 11,878 square metres built at Oldfield Lane, Greenford, London.

US trials for AIDS drug hope

Clinical trials have started in the USA with a new drug which may prove effective in treating AIDS.

The drug, azidothymidine (BW509U), has been developed by Burroughs-Wellcome in Greenville, North Carolina and preliminary animal tests have shown it blocks multiplication of the virus HTLV III. It does not, however, restore the body's damaged immune system. Results from these efficacy (phase 2) trials are expected mid-year, said a spokesman for Wellcome, but he added it could be several years before tests establish that it is both safe and effective. Future trials will be concentrated in the US, but tolerance (phase 1) trials with the drug are due to start in Britain shortly. These were scheduled for February but, contrary to a report in the *Daily Telegraph* (February 24), there are no trials with azidothymidine in progress in this country at present.

It is estimated that 15,000 new cases will be diagnosed in the US this year. Of the 16,000 sufferers identified in the past five years, 8,000 have died. In Britain of the 287 AIDS patients identified more than half have died and an estimated 20,000 people are infected.

LETTERS

Calling all IoM Vikings

Mr Alan Castell's amusing, ingenious but misleading letter of February 15 (p316) may have made an unwarranted slur on a fine Viking people whose memory has been plagued by a stereotype. Mr Castell suggested that I could bring to bear all the subtle diplomacy of my Viking forbears to the task of negotiating with Government on pharmacists rights.

If you will forgive a Mr Keith Jenkins' type of potted history lesson, I take as a complement his ambiguous statement. The Viking sea wolves settled in the Isle of Man around 790AD. To openly plunder was honourable, but to steal secretly was shameful. They were a splendid, virile people who believed in freedom. They were not barbarians. The art of riding was enjoyed and they appreciated beauty as is shown by their ornaments, fine clothing and in the decoration of their ca: vings in stone and wood. These men were practical, resourceful and magnificent organisers.

The Manx system of Government, the Tynwald, celebrated its millen, in 1979 making it the oldest or second oldest parliament in the world — Iceland disputes the crown. Tynwald precedes the "mother of Parliaments" at Westminster by a considerable time. Sir John Kerruish, the present speaker of the House of Keys (Tynwald's lower chamber), is immediate past president of the Commonwealth Parliamentary Association, and is the longest serving speaker in the Commonwealth.

Charles Flynn

Honorary acting general secretary, British Pharmacists Association (UK).

Plymouth Ho!

I have been approached by several former students to organise a reunion similar to the successful event of three years ago.

Before undertaking this I would like some impression of likely support. Would all those interested let me know of the number likely to attend (wives, husbands etc) and any preferred month of the year.

Mervyn Madge

Secretary, Plymouth Branch, PSGB.

An independent view?

In following recent issues of the other main pharmaceutical weekly publication, I have become uneasily aware of the complete lack of critical evaluation of the cataclysmic changes now besetting the retail pharmacist. In sharp contrast, the articles by Xrayser come very near to reflecting the current thinking of the smaller chemist contractors, like myself.

There are many of us who do not wish to be associated with the strident propaganda of the BPA, but who are profoundly dissatisfied with the outcome of the negotiations on the new contract. What is needed now is for an independent publication such as *C&D* to take up the cudgel on behalf of the large number of contractors who feel themselves to be totally impotent in determining their future, both financial and professional.

Sir, your early reply is most eagerly awaited.

Martin Sinclair

Isleworth

One or two ^{million} things you ought to know about Feldene

piroxicam

*Trade mark

One

Worldwide clinical trials involving over one hundred thousand patients confirm the incidence of side effects associated with Feldene is comparable to other commonly used NSAIDs.

Two

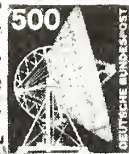
Doctors in the U.K. write well over two million prescriptions a year for Feldene.

Feldene. Continue dispensing with confidence.



For further information on Feldene, please write to the
Medical Information Department, Pfizer Ltd., Sandwich, Kent or phone (0304) 616161.

g Information: Indications: Feldene is a non-steroidal anti-inflammatory agent indicated for the treatment of rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, acute gout, acute musculoskeletal
Contra-indications: Active peptic ulceration or a history of recurrent ulceration. Hypersensitivity to Feldene. Patients in whom aspirin or other non-steroidal anti-inflammatory drugs induce symptoms of
its: Feldene is generally well tolerated. Gastro-intestinal symptoms are the most common; if peptic ulceration or gastro-intestinal bleeding occurs Feldene should be withdrawn. As with other non-steroidal
matory agents, oedema, mainly ankle oedema, has been reported in a small percentage of patients; the possibility of precipitation of congestive cardiac failure in elderly patients or those with compromised
ction should therefore be borne in mind. Various skin rashes have been reported. Dosage: In rheumatoid arthritis, osteoarthritis, ankylosing spondylitis - 20mg as single daily dose; the majority of patients will
ed on 20mg daily. Feldene may be taken with food. In acute gout, start with a single dose of 40mg followed on the next 4-6 days with 40mg daily in single or divided doses. Feldene is not indicated for long
gement of gout. In acute musculoskeletal disorders, start with a loading dose of 40mg daily in single or divided doses for the first 2 days. For the remainder of the 7 to 14 day treatment period the dose should
1 to 20mg daily. Feldene suppositories: recommended dose 20mg once daily. Basic N.H.S. Cost: Capsules 10mg coded FEL 10, pack of 60 £9.00 (PL0057/0145) and capsules 20mg coded FEL 20, pack of
PL0057/0146); dispersible tablets 10mg coded FEL 10, pack of 60 £9.90 (PL0057/0240); dispersible tablets 20mg coded FEL 20, pack of 30 £9.90 (PL0057/0242); suppositories 20mg, pack of 10 £4.95
219). Full information on request.



No morning after pill

Few new market introductions have caused more controversy than the appearance of Schering's Tetragynon (levonorgestrel and ethinyloestradiol). The columns of the pharmaceutical Press have been reverberating for months with bitter and emotional argument.

Some pharmacists have such strong moral and ethical objections to the product that they have even suggested refusing to dispense it. Many, but by no means all, are Catholics and unlikely to be swayed by arguments that legally there is no question of the preparation being regarded as an abortifacient. However, refusing to supply it might be viewed as a

contravention of pharmacy practice regulations.

Legal considerations have not been at the forefront of the arguments of feminists among the profession, who have tended to defend the preparation as protecting the right of a woman to choose whether or not to have a baby.

Under certain circumstances the cost of an abortion is covered by health insurance, whereas that of the tablets at around £2.50 (but not that of any medical consultation) has to be paid by the woman concerned. One gynaecologist and pro-family campaigner welcomed the preparation as a means of reducing the high number of abortions (200,000 annually) performed in West Germany.

Young men won't stop

Although 7 million Germans have given up recently, 37 per cent of the adults and two out of three men in the 20-40 year old age group still smoke.

The economic damage attributed to smoking far outweighs state revenue from tobacco tax. Despite the reduction in smoking in the 14-20 age group from 40 per cent in the late 1970s to 28 per cent in 1984, it is the young who prefer the more toxic, non-filtered, self-rolled cigarettes.

Proposals for a ban on sales of cigarettes to under 16s and the abolition of vending machines (the source of half of all cigarettes for the 12-14 year old) have received all party support in Bonn. The present law, which forbids smoking in public by the under 16s, is regarded as virtually unenforceable. These two new anti-smoking measures are considered a more practical way of discouraging the young from smoking.

Tiny pump brings hope

Hoechst have introduced what they claim is the smallest portable insulin pump in the world, for use with a specially formulated human insulin containing 100 units/ml.

Smaller than a cigarette packet and impervious to water, the pump can be programmed by the patient's doctor to deliver the individual basal rate of insulin

required, leaving the diabetic to administer a bolus before meals. By pressing a button, the patient receives visual and acoustic information about the functional state of the pump, eg the amount of insulin left in the reservoir (which holds a week's supply) or the amount delivered that day.

An alarm is given if the catheter becomes blocked, the reservoir is empty, or the batteries need changing.

Taking the strain

In a complex test case concerning the unwillingness of a health insurance scheme to cover the cost of prescribed laxatives, a Federal Court sat long and hard before delivering judgement against the insurers, who had maintained they were obliged to pay for such drugs only if a patient would otherwise be subjected to unreasonable strain over a lengthy period.

In the insurer's view, this would only apply to those on a particularly low level of income. However, the court decided that the Social Security Regulations dealing with the reimbursement of the cost of laxatives had been applied too rigidly by the insurers, who at their own convenience, had based their decision on an arbitrary scale of hardship.

Taking into account the chain of circumstances of the particular patient, who had fought a brave battle to overcome resistance, the Court ordered payment to be released forthwith.

Sweet dreams

Latest research by German neurologists indicates familiar descriptions of bedtime milky drinks like "food for the night" may be more apt than the copywriter ever imagined.

Using the newest diagnostic tool of positron emission tomography (PET) and a lot of computer wizardry, the distribution of a radiolabelled sugar solution was followed in the brain of sleeping volunteers. The sugar serves as a substrate for active nerve cells and different coloured images of brain areas show up regions of low and high activity.

During deep, dreamless sleep, all areas show less activity than during consciousness. However, as soon as dreams begin, the whole brain "wakes up" and its energy consumption rises to above that in the conscious state. By far the greatest increase (30 per cent) occurs in the frontal lobes — the most advanced and highly developed region of the brain that organises speech and thought and plans future action. A much older brain structure — the hippocampus — is responsible for long term memory is also activated. This might explain why dreams often consist of a mix of forgotten events, topical concerns and expectations.

Thus the consumption of energy-giving drinks before retiring may actually be far from illogical.

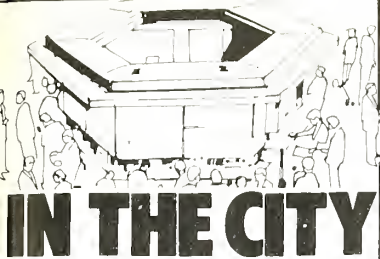
Junk(ie) mail

Pharmacists recently warned the public about a team of highly organised drug addicts who have been leafletting neighbourhoods in one area of the country with offers to collect old unwanted medicines.

Cleverly appealing to the current concern about pollution, the leaflets state that the leftover medicines don't belong in the dustbin or down the loo, but should be disposed of as separate rubbish, and that the household will thereby be contributing to the protection of the environment and the purity of drinking water!

The team gives a time when it will call and take away unwanted drugs free of charge. From the jumble of preparations acquired in this way, the addicts can obtain substitutes for some hard drugs.

Chemist & Druggist 1 March 1986



The stock market beat all previous records last month, rising almost every day to new peaks.

Most of the excitement was caused by bids for household names such as Distillers but there was also evidence that the Americans were buying the London market, concentrating on stocks such as Glaxo, ICI and Reuters, which they know well.

Merger mania reached its peak on January 17 when no less than two bids, both worth well over £2bn, were made for Imperial Group. A bid for from Hanson Trust was rejected, while United Biscuits, the rival suitor, had the advantage of boardroom support.

Only a few weeks previously Imperial had tried to take over United Biscuits under the guise of a merger. The strategy changed because Imperial and United Biscuits thought they could get around a potential Monopolies Commission objection to their merger if the bid were differently structured, and if they agreed to sell Golden Wonder crisps reducing their share of the snacks market.

Guinness, competing against Argyll supermarket group for the hand of Distillers, adopted a similar tactic, promising they would sell some brands of whisky. These manoeuvres were enough to encourage investors to think that most of the stock market was made up of bid candidates and that monopoly considerations could be avoided.

One of the strongest bid rumours to circulate in this highly charged atmosphere concerned Beecham and Fisons (see *Business News*). The story came in two versions, either that there would be a reverse takeover by Beecham which would put Fisons' management in charge, or that both companies would find themselves on the receiving end of

separate bids. Both versions could run and run.

The market was quick to find support for its general optimism in excellent results from Amstrad, the consumer electronics company. Against almost tripled profits of £27.5m before tax, the shares at 376p look cheap. But the company still has problems convincing investors that its products have a shelf life of more than two years. If its new compact disc player is successful

those doubts could evaporate and shares would then rise sharply.

Few other companies produced startling results, though Vickers, whose shipbuilding assets were nationalised nine years ago, proved they had built a new and diversified group towards the end of the month. When the results season gets into full swing next month, however, the market's confidence could come under pressure.

COMING EVENTS

PSGB Scottish Conference set

The Scottish Conference of the Pharmaceutical Society is to be held at the Atholl Palace Hotel, Pitlochry over the weekend November 1-2.

The theme of the conference will be "Getting the message across" — putting pharmacy's case to the public and the profession.

Monday, March 3

East Kent Branch, Pharmaceutical Society. postgraduate medical centre, Kent & Canterbury Hospital, Canterbury at 8pm. First in a series of four continuing educational lectures on the GI system and stoma care.

Harrow & Hillingdon Branch, Pharmaceutical Society. clinical lecture theatre, Northwick Park Hospital at 7.30pm. Linda Edwards, chief chiropodist, Hillingdon Hospital on "Chiropody"

East Metropolitan Branch, Pharmaceutical Society. (changed venue) Hollis Room, South Woodford Library, High Road, South Woodford at 7.30pm. Mr B. W. Burt, Department of Pharmacy, Chelsea College on "Adverse drug reactions in general practice pharmacy."

Leicestershire Branch, Pharmaceutical Society. postgraduate medical centre, Leicester Royal Infirmary at 8pm. Zandria Pauncelort, director of information, FPA on "The pharmacist as a health educator in family planning"

Tuesday, March 4

Bristol & District Branch, Pharmaceutical Society. Southmead Centre for medical education, Southmead Hospital at 8pm. Miss J. A. Slater, Bristol and Weston Health Authority on "The role of the community nurse."

Thursday, March 6

Hounslow Branch, Pharmaceutical Society. lecture theatre, West Middlesex Hospital, Twickenham Road, Isleworth at 7.45pm. Professor J. R. Parratt, Department Physiology and Pharmacology, Royal College, University Strathclyde on "The heart of the matter."

Hastings & District Branch, National Pharmaceutical Association. postgraduate centre, Royal East Sussex Hospital, Hastings at 8pm. Peter Taylor, NPA chairman, Staffordshire will talk on "Back to front: the way forward."

Weald of Kent Branch, Pharmaceutical Society. postgraduate centre, Kent & Sussex Hospital, Mount Ephraim, Tunbridge Wells at 8pm. Jim Downing, assistant secretary, NPA will speak on "The Chemists Defence Association."

Friday, March 7

Northumbrian Branch, Pharmaceutical Society. civic centre, Newcastle upon Tyne at 7.30pm. Annual Dinner Dance.

Wirral Branch, Pharmaceutical Society. Abbots Well Hotel, Chester at 8pm. Annual dinner with Birkenhead & Wirral Pharmacists' Association.

Saturday, March 8

Socialist Health Association. Eighth Clem Thomas memorial seminar, Mary Ward House, 5/7 Tavistock Place, London WC1 at 10.30am to 4.30pm.

Advance information

Society of Cosmetic Scientists. Joint symposium on "Skin care cosmetics." Moat House International, Stratford-upon-Avon, Warwickshire, April 16, 17, 18. Registration fees for members £135 plus £20.25 VAT non-members £160 plus £24 VAT. Further information from Society of Cosmetic Scientists, Delaport House, 57 Guildford Street, Luton, Beds LU1 2NL.

Article Number Association. Scanning the Future conference, London Hilton, Park Lane, London W1, Wednesday, April 9. Members fees are £95 (plus VAT) and non-members £130 (plus VAT). Further information from conference organiser, Countrywide Communications, 2 York Street, London W1H 1FA (tel 01-486 6734).

European Society of Clinical Pharmacy. Management of Clinical Pharmacy Services symposium, Barcelona, April 9-11, 1986, including under and post-graduate training. Further information from Adrian Shafford, UK Secretary to the ESCP PO Box 558, 1420 CB Uithoorn, The Netherlands.

Hollister Ostomy Patient Care Products are available exclusively from Abbott Laboratories Limited in the United Kingdom.

Sangers share their space with Dales in Maidstone

Dales, the Basildon wholesalers, are moving to Maidstone where they will share their premises with Sangers.

Mr Kirit Patel, director of Dales, says the move to the 33,000 sq ft warehouse is due to business expansion, and that the wholesalers will still be operating as two different companies. The existing 15,000 sq ft Southend site will initially be used as a "shuttle" depot, and Dales will be covering the area between Southend and Kingston on Thames. "We will continue with the existing services and discounts. Existing customers will be given the same service as at present," said Mr Patel. There would be "a lot of common business costs" between Dales and Sangers.

Mr Dennis Pay of Sangers said the move had been decided by mutual agreement. The warehouse had recently been extended, and computer and other facilities upgraded. "There will be benefits to both of us; sharing of costs, and a wider variety of products." Mr Pay emphasised that the Dales business remains a separate venture, and would not comment on whether or not Sangers had a financial stake in Dales. Dales customers would continue to get the same number of deliveries from a Dales driver with orders taken by Dales staff. A number of employees are relocating.

A letter sent to Dales customers says the existing range of services will continue.

Colorama go for PIs and generics

Photoprocessors Colorama are launching a generic and parallel import medicine company on March 11, Colorama Pharmaceuticals Ltd, that will offer their 700 pharmacist customers in London and the Home Counties a once-daily van delivery of around 70 PIs and 280 generics.

Parallel imports will be supplied to Colorama by a member of the Association of Parallel Importers, and will be in Colorama livery, with licence, batch and expiry on-pack. Orders can be placed before 4pm by the telephone or via the daily D&P drop for next-day delivery (except at weekends) using separate generic and PI price lists. Pharmacist managing director Arun Patel says: "Initially our efforts will be concentrated on pharmacists, offering them a comprehensive range of advantageously priced products of the highest quality, combined with an established and highly efficient delivery service." The company will consider "going national" within three to six months of the launch.

Colorama Photoprocessing Laboratories, established 12 years ago, has a 1,000-plus dealer base, and says combined photographic and pharmaceutical deliveries and invoicing will give a prompt, small order service allowing minimum stock levels to be held. In addition to the two price lists, Colorama will offer customers a "Fact phial" detailing facilities. "Colorama

Pharmaceuticals will be providing a flexible, convenient and economical service that meets the needs of the modern pharmacists.

Eastman Kodak profits drop

Eastman Kodak's recent withdrawal from the instant products business is reflected in disappointing full-year worldwide results for 1985.

The group reported a net profit for 1985 of \$332m — a drop of 64 per cent — after being hit by special charges of \$563m. These are mainly due to the forced withdrawal from instant photography which followed Polaroid's victory in a legal battle over patents. But on top of this Kodak have been hit by tough competition, higher costs and the effects of currency exchange rates. Setting aside the special charges, the group's profits fell by 31 per cent. Polaroid, meanwhile, report increased fourth-quarter and full-year sales, according to a *Financial Times* report.

Kodak recently announced an overall jobs cutback of 10 per cent worldwide (see *C&D* February 15, p320). This move, they said, would help them deal with "a fiercely competitive industry."

MSE Scientific Instruments have been appointed UK distributors for SLT Labinstruments. *MSE Scientific Instruments Ltd, Manor Royal, Crawley, West Sussex RH10 2QQ.*

Shops Bill: 'no compromise'

The Shops Bill completed its passage through the House of Lords on Tuesday.

In the final debate Lord Glenarthur, Home Office Under-Secretary, hinted that the Government will want to reverse the defeat inflicted by peers, which inserted employment protection provisions. He said these would impose a significant bureaucratic burden on employers.

Lord Glenarthur again made it clear that the Government seeks total deregulation of shop trading hours on Sunday as well as during the rest of the week, and that there is no scope for a "halfway house" compromise.

US campaign as list hits profits

An intensive campaign is being conducted by the US Pharmaceutical Manufacturers Association against action by the British government which they say has hit the profits of US firms.

The companies involved have been asked to contribute to a \$100,000 fund to "safeguard the high profit margins on drugs sold to the NHS" says a report in *PR Week*. In Washington the PMA is lobbying the administration to act against Britain under the 1984 US Trade and Tariff act, and here they have been meeting with the Departments of Trade and Health.

The recent inquiry into transfer pricing and the effect of the limited list has cut investment in Britain. PMA's international vice-president says: "There may be grounds for retaliation on all of the UK Government's actions".

Sir Peter Hordern, a member of the Commons Public Accounts Committee which has cut profit levels under the PPRS twice in the past two years, told *C&D*: "My major concern is that investment here by the multinationals may have fallen because of the list. Some firms are not making the investment they would in other circumstances." A.H. Robins Ltd built a £7m facility in his Horsham constituency to make a product which now cannot be prescribed on the NHS. The factory has been sold to Glaxo. In a Parliamentary answer, Health Minister Barney Hayhoe told Sir Peter the Government did not mean to discriminate against multinational drug companies.

65% pay-cut: millions of professionals and self-employed at risk

MASSIVE pay-cuts of up to 65% pose a serious threat to the future livelihood of several million workers throughout Britain.

Ironically, those at greatest risk from the sudden, and usually permanent, income plunge, include the vast majority of this country's best generators of wealth – the 2.6m self-employed businessmen and women, and the valued professionals among the 10m people who have no access to a company pension.

According to the latest available Government Family Expenditure Survey figures, most of these people will take an average income drop of two-thirds from their final earnings the moment they retire. For, if they haven't made any arrangements of their own, they will be relying largely on the basic State pension of less than £40 a week – a fraction of what they have been used to; a fraction of what they are worth.

Apathy

Yet, despite the sheer scale of this very real threat, a recent national opinion survey by British Market Research Bureau reveals an astonishing degree of apathy and ignorance among Britons about pensions.

The survey, commissioned by Abbey Life, shows that nearly half (45%) of the people in Britain are refusing to let themselves worry about what retired life will be like – with one in three couples admitting they've never even discussed old age with their partners at all.

Help the Aged, a leading national charity for the elderly, applauded

Abbey Life's research activities and special promotional efforts towards heightening public awareness of the problems people can face in later life.

"Many of the hardships with which Help the Aged deals on a daily basis might well have been avoided by an early understanding of the dangers of being without an adequate pension or other financial security in retirement," said Mr. John Mayo, the charity's Director-General.

Abbey Life's research has also highlighted a severe case of the "rose-tinted glasses" syndrome, with most people expressing their belief that they'll be as well off in retirement as they are now – yet few were able to say how that would come about.

And literally millions of people clearly never got around to finding out 'how'. There are currently about 2.5m retired households largely dependent on a State pension that can only provide a mere subsistence standard of living.

Burden

Government projections indicate that the situation will worsen considerably in the coming decades. As people

born in the post-war baby boom reach pensionable age, it will place a far heavier burden for provision from the State – or rather, from the relatively small working population who will then be funding the State.

In an effort to head off the problem at least partially, the Government is currently proposing a major overhaul of State welfare and pension benefits.

Illogical

This was a topical subject included in the BMRB survey – and it ended up confirming the British people's general ignorance about pensions, with one in four saying they didn't have a clue as to what the proposals comprise.

Mr. Michael Hepher, Chairman and Chief Executive of Abbey Life, is seriously concerned about the vulnerability of people who either don't appreciate or refuse to accept the hardship they face in old age as a consequence of not taking the simple steps available to secure adequate provisions for themselves.

"The survey indicates that there's a very large proportion of people in this country – particularly among those

who work in firms without a pension scheme, and the self-employed – who wander through life apparently blissfully unconcerned – or just woefully apathetic – about how they'll manage when they retire," Hepher said.

"It's a picture made all the more disturbing in that it's changed little from the one painted two years ago when we last asked the same questions

"It's also illogical, with many of the best business minds in Britain failing totally to take care of their own personal future security. They ignore the obvious benefits of making their own pension arrangements, such as a totally tax-free cash sum, and a regular income which will see them through their final years in the style they've worked hard to achieve.

"Some lay the blame at the feet of companies like ours for not doing enough about it. All we can do, though, is help people understand the subject properly so that they make the choice that best suits them.

"In the end, the individual must make his own plans, his own decisions. And that's something this survey suggests the average Briton is not very good at doing."

Don't despair. Here's your £250,000* lifeline.

If you are self employed or your company doesn't have a company pension scheme, Abbey Life has a range of pension plans designed especially for you.

And they offer a great opportunity for you to look forward to a happy and wealthy retirement.

For example, if you are 30 now, you could expect the handsome sum of at least £250,000* at 65 – for just £50 a month (and a modest annual increase of only £5 a month).

The plans are also extremely flexible

to cope with the ups and downs of a working life. And you can stop your payments if you need to or increase them when you want.

In addition, if you get ill, there is a disability income benefit available covering both permanent and temporary illness – something you will find sorely lacking in any other pension plan.

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AFTER WORK

AAH move in NI: buy Castlereagh

AAH have bought the agency distribution business, Castlereagh, from SHS Distributors, in a move to expand their Northern Ireland operations.

The company says Castlereagh will work as an autonomous unit, Castlereagh Pharmaceuticals Ltd. "With the availability of additional financial resources, they will develop further the agency business in Northern Ireland which offers excellent scope for expansion."

Most of the Castlereagh management and staff are keeping their appointments. Mr Jim Pollock, who held a senior appointment with the firm, is continuing with AAH in a part-time capacity.

Castlereagh are still operating from Co Antrim, where Mr George McCoubrey is in charge of the day-to-day business.

Need to be in on space research

It is important that pharmaceutical companies, particularly the larger ones, take an interest in space technology.

This is the view of Dr J. Cox, who has worked in the pharmaceutical industry for 25 years and now acts as an independent consultant. He told a seminar on Tuesday that it was important "to have a seat at the table" for microgravity experiments in space so that information could be shared from the start. Waiting could make participation more difficult and costly.

Two areas proving to be of particular interest to drug companies were protein crystallisation and electrophoresis, he said. The study of protein crystals was a method of determining the structure of drug receptors so that specifically-acting drugs could be designed. Increased yields of good crystals could be grown in space in a matter of minutes rather than the weeks it might take on the ground. It might even become the method of choice for growing crystals, and many larger companies were mounting research programmes in this area.

Electrophoresis in space seemed to offer advantages in the separation of cells and proteins, he said. Compounds separated in this way included erythropoietin, plasminogen activator and beta cells from pancreatic tissue.



Chief executives from Wiveda of Germany and OPG of Holland recently met with their Unichem counterparts, as the next stage in developing co-operation between the three organisations. The meeting was held to finalise the programme and agenda for joint discussions in March between the full boards of the co-operative wholesalers, and follows preliminary talks in November last year. Pictured with Unichem managing director Peter Dodd (left) are Dr Jurgen Brink of Wiveda and Wim Dermer of OPG

Paper to cut down on paper

The Government plans to introduce new measures to cut the bureaucracy and paper work involved in running a small business, and a White Paper suggesting more deregulation is expected in May.

The paper will propose abolishing several minor tax and excise formality changes to invested income surcharge procedures; further simplification of VAT regulations; and alterations to PAYE rules.

It will also give a progress report on similar moves which resulted from last year's White Paper on "Lifting the burden on small business" (see *C&D*, July 20, p137). This was brought in by the present Employment Secretary Lord Young, when he was Minister without portfolio. He proposed then that each Government department should set up its own two or three-man deregulation unit, to remove unnecessary obstacles to businesses where it could. May's White Paper will assess the success of that operation.

Beecham bid?

Beecham are refusing to comment on an Observer report which says they are contemplating a £1bn takeover bid for Fisons.

The paper sees it as an attempt to ward off a Unilever bid. A stockbroker said the market is not taking the report seriously. "A £1bn bid would not be enough — it would have to be closer to £1½bn" he said.

SERPS: changes considered

The Government says it will consider cutting the rebate in National Insurance contribution rates for those who are contracted out of SERPS. The changes would coincide with the new Social Services Bill to take effect in 1988.

The current contribution reduction for those who contract out totals 6.25 per cent — 2.15 per cent reduction for Class 1 employees and 4.1 per cent for employers.

But in his five-yearly review of contribution rates for the DHSS the Government Actuary predicts the contribution reduction will fall to 5.27 per cent for 1988-93, with the employer/employee ratio still to be discussed.

He also proposes a single rate of contracted-out rebate to equal the minimum contribution to a contracted-out money purchase occupational scheme, and the basis of minimum contributions to personal pensions.

About 10 million people currently contract out of SERPS but the Actuary thinks this will rise. The new Social Services Bill includes simpler arrangements to encourage contracting out and financial incentives for those doing so for the first time (see *C&D* December 21/28, p1152). If more than half a million people opt out of SERPs, the contribution rebate could only be cut to 5.4 per cent, says the Actuary.

Copies of the review are available from the DHSS, Blackfriars Road, London — comments to them by May 30 1986.

New Irish firm: all systems go

A new Irish company specialising in computer systems for pharmaceutical distributors has been formed.

Sabre Business Systems designs UNIX based software and provides a turnkey service which includes installation of hardware, training and support.

Based at Anglesea House in Blackrock, co Dublin, Sabre has been appointed exclusive distributor for the Ericsson 2500 system to Irish wholesalers. Current users include United Drug and Sangers (N. Ireland). Managing director of the company is Martin Sawyer, previously with Ericsson.

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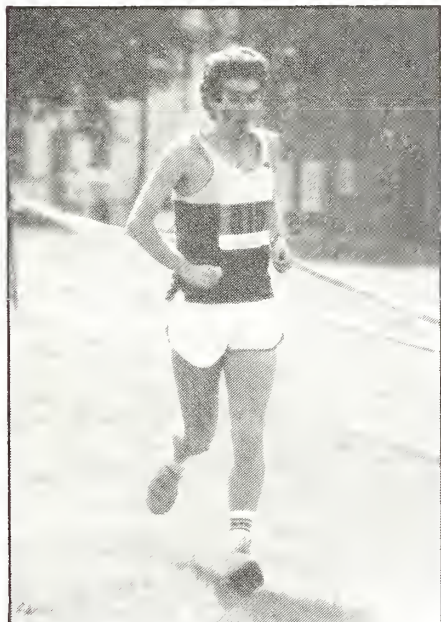


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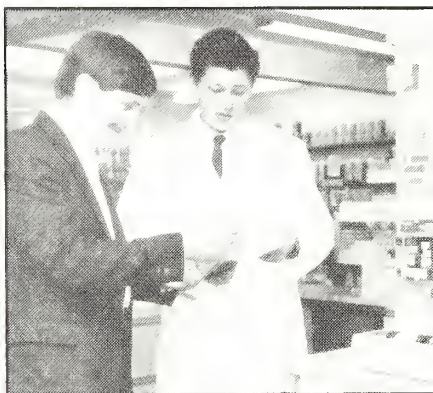
Additives list — added backing

The Scottish pharmacist whose efforts to compile a list of additives in medicines featured on a national television programme, has been overwhelmed by the response her campaign is attracting (*C&D* last week, p364).

Mrs Mackie is concerned about the effect these additives have on some children and she says the letters she has received show that there are a lot more children affected than it was thought. The BBC, who interviewed Mrs Mackie for their Breakfast Time programme, have been dealing with numerous inquiries too and referring only those letters requiring specific information to her. But Mrs Mackie has been "swamped" by the amount of mail she has received direct, and is delighted with the publicity. "If manufacturers won't remove additives from medicines where possible, then if they will only tell us what these additives are, it would be half the battle," she says.



PSNC's Aylesbury accountant Terry Doel is running in the London marathon in aid of "Sense," the National Deaf Blind Association. One of Mr Doel's ambitions is to make a lot of money for charity. Anyone wishing to help can send donations to "Sense" for the attention of Terry Doel, c/o 59 Buckingham Street, Aylesbury



Vestric have launched a new sales package for their Link Level III computer system. The brochure gives a guide to the benefits and functions of the system. Mr Simon Driver, Vestric's divisional sales manager discusses it with pharmacist Steve Foster from Newark

Kicked upstairs

Mr Colin Clarke, who has a pharmacy in Galgate, Barnard Castle, is the new president of the Barnard Castle Chamber of Trade.

Mr Clarke started his own business 21 years ago and became a member of the Chamber of Trade 1968/9.

Mr Clarke says the job as president of the 65-member Chamber will not involve him in too much work. "I was chairman for seven years, but stepped down a year ago," he says. "Now they've kicked me upstairs."

APPOINTMENTS

Macarthy's board changes given

Jadelle have announced their changes to the Macarthy's board.

Former chairman Albert Shaw has resigned, with Nicholas Ward taking his place and the duties of chief executive. Michael Keeling, John Jones and Alan Ritchie have also left; and Dwight Makins and Jonathan Stone have joined the board, according to a *Financial Times* report.

Gorton gets on

Mike Gorton has been appointed managing director of A.C. Nielsen Co Ltd with effect from March 1.

He succeeds Malcolm Smyth, who continues as chairman of the company while devoting more time to international commitments within the group. Mr Smyth said he looked forward to continuing "our very fruitful co-operation."

Mr Gorton joined Nielsen in Oxford in 1966 and became managing director in 1975.

Johnson and Johnson Ltd: Managing director Peter McKenna is appointed vice-president of Johnson and Johnson International, with responsibility for Europe, from May 1. He will be replaced by Kneale Ashwell, vice-president of Johnson International with responsibility for Japan. Two recent additions to the UK Board are C.D. Burr (patient care) and C.G. Horridge (finance).

Bellair Cosmetics Ltd: Christine Jarrold is the new marketing manager.

Celatose Ltd: Julian Norfolk joins the company as national accounts manager.

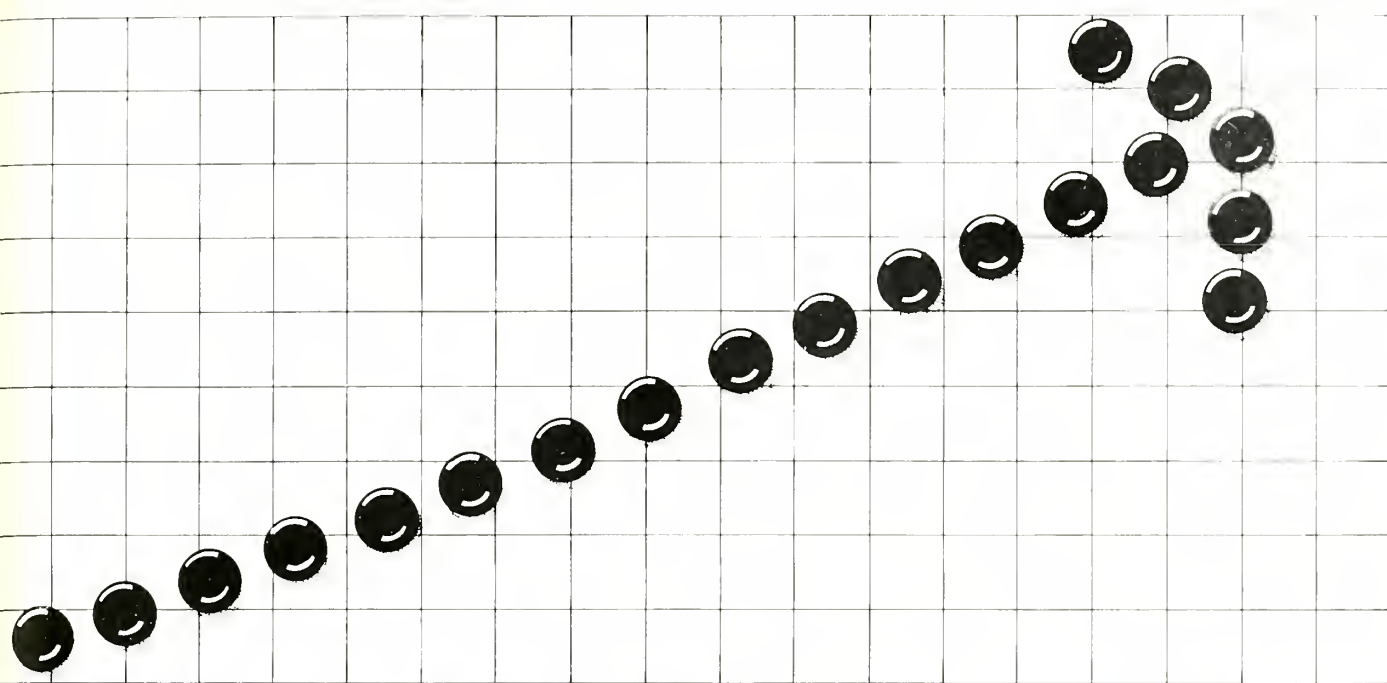
MoDo Consumer Products Ltd: Ian McCall is the new head of production and engineering at the company's expanded production facilities at Saltney Ferry.

Braun Electric (UK) Ltd: John Hadley joins the company from Gillette as the new marketing director. From April 18 national accounts controller Tony Cosgrove will be appointed sales director replacing Peter Davies who leaves to become sales director for Thorn EMI major appliances.

Good year for Goodyer

Mr Larry Goodyer, MPS, has been appointed to a joint teacher/practitioner lectureship in clinical pharmacy at the Chelsea department of pharmacy, King's College London. The post will be shared between the College and Charing Cross Hospital.

Mr Goodyer is currently staff pharmacist in drug information at the Greenwich District Hospital. He started his career with a pre-registration year in retail and then went on to be a resident pharmacist at King's College Hospital for two years. He obtained an MSc in clinical pharmacy at Bradford, and has been in his present job for two and a half years. He takes up his new appointment on April 1.



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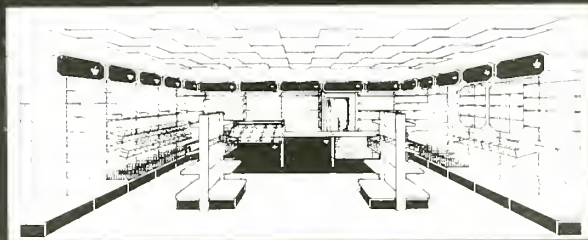
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